Clinical Lecture
ON
PARALYSIS WITH APPARENT MUSCULAR HYPERTROPHY.

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GENTLEMEN,—You have lately had the opportunity of observing three cases of a peculiar form of paralysis, which you have often heard me speak of in the wards as Duchenne's paralysis. Dr. Duchenne (de Boulogne), to whom we owe our chief knowledge of the disease, has called it *Paralysie musculaire pseudo-hypertrophique*; and the English equivalent of this name is probably the best descriptive title of the affection. The history of one of the cases, a very typical one, I will now read, and we shall then be in a position to clearly recognise the special features of the disease, and to learn in what respects it differs from other conditions with which it has been hitherto confounded.

Some three months ago a man brought a dull, strumous-looking boy, aged nine years, into the out-patient room, to be treated for a weakness of the lower limbs. He stated that the boy walked imperfectly; that he often fell down, and could not raise himself again without assistance, and could not get up stairs; "but," said the father, "his health is good, and his limbs are not wasted—he has capital legs." These statements attracted my attention. The boy was stripped, and then the gastrocnemii and glutei muscles were seen to be greatly enlarged. They were firm to the touch, and stood out in bold relief when contracting. As the boy stood erect, the lumbo-sacral curve was exaggerated, and the legs were widely separated. His gait was waddling and straddling, the body balanced on each leg alternately; and as he walked gingerly on his toes, the heels never touching the ground, the effect was most grotesque. The boy was admitted, and the following history obtained from his parents, who are both healthy, have never had syphilis, and have no history of paralysis in their families. The patient is one of eight children, of whom one died in infancy of scarlatina. Two boys older than the patient are strong and healthy, and a boy and two girls younger are also healthy, but the youngest is weakly. The mother says the boy in the hospital was a healthy, well-developed baby; that he has never had convulsions or any kind of fits; and has never been ill, except with diarrhœa (which he had badly) and measles. He was, however, very weak as an infant on his legs, and was quite two years old before he walked alone, and for a long time afterwards was always stumbling and falling as he walked. He improved in this respect, and was able when six years of age to walk nearly a quarter of a mile, resting frequently and supporting himself by the wall. He was sent to school, but was very dull; and finally was allowed to remain at home, as the other boys frequently pushed him down in order to observe his grotesque and futile efforts to raise himself. He was never able to run or mount the stairs. When six years old his legs began to increase in size. His arms were always weak; he could never cut up his food like other children. His appetite was always good. He never lost power over the bladder and rectum.

In the hospital the boy was found to be dull in intellect, but cunning; his speech was slow, his hearing slightly defective, and his vision myopic. The physical examination of his chest and abdomen detected nothing abnormal. The urine was healthy; the bowels regular. The appetite was good; during his stay in the hospital he gained flesh. The teeth were irregular; the central incisors slightly serrated at their margin; the decayed stumps of the first lateral incisors unshed. On examining the locomotor system the integument of the lower extremities was noticed to be remarkably mottled, patches of purplish colour alternating with white. This condition did not extend to the trunk, and was but slightly marked in the upper extremities. The bones and joints were well formed. The muscles of the head and neck were apparently healthy; those of the upper extremity were small and flabby, especially the flexor muscles of the arm and forearm. The pectorals were also small. The erector muscles of the spine were hypertrophied and hard. The glutei muscles were also greatly hypertrophied; the muscles of the thigh were firm, but not increased in size. The muscles of the calf were greatly enlarged; the body and the two heads of the gastrocnemii showed in bold relief during contraction beneath the thin skin which covered them. The calves measured eleven inches in circumference; the thighs, twelve and a half. The muscles of the calf contracted with considerable power, as estimated by the resistance they offered to flexion of the foot; while, on the contrary, the flexor muscles of the foot were easily overcome. The muscles of the upper extremities were found to be feeble, the grasp weak on both sides, and the power of the bicipites small. When the boy stood erect the feet were separated about ten inches; the heels did not touch the ground; the boy could not stand on his heels even when supported, he naturally stood and walked on his toes. His equilibrium was so unstable that a very slight touch sufficed to upset him, and when down he could only occasionally raise himself without assistance. He generally crawled to the nearest bed in the ward, and placing his feet against the leg of the bedstead or part of the wall, as a *point d'appui*, raised himself first on his hands and feet, then, by placing a hand on each leg alternately, he, as it were, climbed up himself, and gained the erect posture, the spinal erector muscles bulging largely all the time, but powerless to aid. When the boy fell he fell all in a heap; in sitting down he sat down suddenly, and could only rise again by using his arms. After walking across the ward two or three times the peculiarities of his gait were exaggerated, the efforts more laboured, and the perils of the journey increased. The photographs before you give a very fair idea of the boy's figure. (Figs. 1 & 2.) In

FIG. 1.

FIG. 2.

one respect they are very imperfect: the feet are placed too closely together. The artist when he brought the photographs to me, remarked that "it was a very troublesome job, for the boy repeatedly fell down." In reality the artist had been trying to make the boy stand with his heels too close together, and after repeated trials had found it impossible to obtain any closer approximation than that seen in the figures; whenever the basis of support was still further narrowed, the boy swayed about and fell.

Such is a pretty full account of the case. The diagnosis was clear. The enlarged and hardened muscles, the history of previous weakness of the legs coming on without appreciable cause, the separation of the legs in the erect posture, the talipes equinus, the curved back, and the peculiar gait, formed an assemblage of symptoms too complete to admit of a doubt.

Duchenne, in his admirable memoir on this subject, has divided the course of the disease into three stages: 1st,

of muscular weakness; 2nd, of muscular hypertrophy; 3rd, of general paralysis. In the case before us we have a distinct account of two of these stages. The first stage varies in duration: it lasted in this case from the earliest infancy up to the sixth year. In the other cases you have seen it began later: in one it lasted between two and three years; in the other, scarcely as many months. The second stage begins with hypertrophy, commencing in the calves, and extending to the gluteal and lumbar muscles. Sometimes nearly all the muscles are affected; but the enlargement is more commonly limited. In some cases the hypertrophy is not considerable, and may escape the attention of parents,—as in the case of two brothers of one of the patients here. This stage may last for years; the muscles enlarge for a year or so, and then remain stationary, their power not being diminished by the enlargement. In the third stage the loss of muscular power increases, the upper extremities, if hitherto intact, grow weaker, and the enlarged muscles decrease in size. The patients cannot stand; they sit or lie down, and gradually lose all power of motion, till at last some intercurrent disease carries them off. The boy whose case I have read is now entering this stage; his muscular power is decreasing, and since he has left the hospital this has been very decided.

The question occurs,—How is it that muscles, apparently so much increased in size, can effect so little? The muscles of the gluteal region were enormous; and yet the alternate balancing of the body on either side indicated feebleness in the middle and small gluteals. By means of the lumbo-sacral curve, the shoulders and upper part of the trunk were, in the erect posture, placed in a position posterior to the sacrum, and the line of gravity thus thrown backwards. When this curve was diminished, the boy fell forwards, and could only raise himself by resting his hands upon his thighs, and jerking himself backwards, the hypertrophied spinal muscles bulging all the while in impotent contraction. To those who first observed the disease, the dead-house seemed the only place where a satisfactory answer could be obtained; but German observers, with an enterprising boldness, cut out pieces of muscle from some of their patients. Duchenne, however, adopted a more humane plan, and devised a little instrument—the "emport-pièce histologique,"—by means of which specimens of muscle can be easily and almost painlessly obtained from the living subject. I procured this instrument; and my colleague, Mr. Bartleet, removed a specimen for me from the gluteal region. The piece of muscle was very pale; and after it was treated by chromic acid, as Duchenne recommends, the microscope showed us a considerable increase in the interstitial connective tissue, and a remarkable development of wavy fibrous tissue. The muscular fibre did not appear to be much altered: fat-globules were seen near to, but not connected with, the muscular fibre. A second specimen was examined by Professors Bartleet and Bracey; and to the latter I owe the drawing (Fig. 3) which

FIG. 3.

shows the muscular fibre almost wholly deprived of transverse striation, but with distinct longitudinal striæ, and surrounded by a quantity of wavy fibrous tissue, very like yellow elastic tissue; a few fat-globules and small cells were also visible between the fibres. Duchenne has figured similar appearances, and attributes the hypertrophy and hardening of the muscle to this development of interstitial connective tissue. The wavy fibres, he suggests, may be formed in some cases by degenerated sarcolemma. The essential change in all the muscles appears to be this increase of connective tissue. In the earlier stages the transverse striation is only slightly affected. Now these microscopical appearances distinguish the affection from one with which it has been hitherto confounded—"wasting palsy,"—in which the muscular degeneration is decidedly fatty. Wasting palsy, moreover, is not frequent in infancy; but when it does occur, it begins by attacking the muscles of the face, and follows a slow and descending course, dissecting out separate groups of muscles. The wasting is also in direct proportion to the loss of power. Infantile paralysis may be mistaken for the disease under notice; but the sudden invasion, the occurrence of febrile symptoms, and the completeness of the paralysis, at first, are generally sufficient to distinguish it. The electro-muscular contractility is also impaired, while in the earlier stages of paralysis with apparent hypertrophy it is unaffected. Our observations coincide on this point with those made elsewhere. You might be easily led to suppose, from the intellectual dulness which has marked our patients here, that the seat of the primary lesion in these cases is in the brain. This view was at one time held, but post-mortem inquiry has failed to support it. In the case before us, a careful ophthalmoscopic examination made by Professor Solomon gave only negative results. The peculiar state of the capillary circulation on the surface of the lower limbs, which has been mentioned, has also been remarked in Germany, and the prevailing hypothesis at present is that this condition indicates some lesion of the vaso-motor system to which the disease is due. That mechanically induced congestion is generally followed by the excessive development of connective tissue is a law which has much evidence in its favour, and the sclerosis of the muscles in these cases may be another example of its action. The observations made on the boy when in the hospital generally showed the temperature of the thighs to be a little above the normal standard, usually coinciding with that of the axilla. I had at one time an idea that these cases might possibly be another manifestation of hereditary syphilis, and consequently a careful examination of all the patients and their families was made. The teeth of the boy whose case I have read were irregular, and the central incisors slightly serrated, but by no means notched. In only one case has a fairly characteristic central incisor been seen. In none of the three families to which the children belong has a history of syphilis been found; and in none of the brothers and sisters of either of the patients have syphilitic teeth or traces of keratitis been discovered. As far as our present observation goes, the disease is confined to children. It may occur in infancy, or it may appear as late as the ninth or tenth year. There can be no doubt of the hereditary character of the malady in some cases. The boy whose case we have considered to-day comes of a healthy family; but another boy, who was in the hospital some months ago, was the third of his family affected. In this instance the two other brothers became completely paralysed, and were carried off by intercurrent diseases at sixteen and seventeen years of age. According to the mother's statement one of her brothers was similarly affected, and died when thirteen years of age. The girls of this family have escaped, and continental experience points to the much greater frequency of the disease in boys.

Next as to treatment. Paralysis with apparent muscular hypertrophy, when once fully developed, tends surely and steadily to a fatal termination. All the evidence hitherto collected confirms this. There is, however, according to Duchenne, a saving clause to a complete admission of powerlessness on our part. He has succeeded in curing two cases in the first stage by faradisation of the muscles, which acts most probably by rendering the capillary circulation more active, and lessening the venous stasis, which favours the production of connective tissue. Our patient, admitted, as he was, at an advanced period of the second stage, was treated with iodide of potassium, iron, and cod-liver oil. He improved

for a few weeks after admission, probably more on account of the improved diet than the drugs. The daily use of magneto-electricity was afterwards tried, but no good results were obtained, and when discharged the boy had certainly not improved. When the pathogeny of the disease is more advanced our therapeutics will be more perfect. Careful observation will achieve this, and each of you may assist in the work.

CLINICAL NOTES FROM LECTURES IN THE COURSE OF CLINICAL INSTRUCTION AT ST. MARY'S HOSPITAL.

BY HAYNES WALTON, F.R.C.S.,
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I SELECT for to-day's remarks, gentlemen, some cases of amputation that have been in my wards. They illustrate a theory usually inculcated in the rules laid down about amputations of the limbs; while at the same time they show a greater extension of recognised principles, and therefore, thus far, exhibit novelty. They will too, I hope, establish in your memory the value of a therapeutic measure which is seldom used, because very little is known about it. I have said so much at different times about these patients during my visits, that perhaps you anticipate much that is to come; but practical facts cannot be reiterated too often in the ears of students.

That there is scope for choice in the position at which an amputation should be done, apart from the after-condition of a patient as regards his use of a member, is verified in these well-known contingencies,—that in proportion to the size of the part at which the amputation is made, is the risk to life, and therefore the danger increases as the trunk is neared; also that pyæmia, the cause of nearly half the deaths in these operations, is more likely to occur when a large bone is cut through.

It is my desire to show how I have adhered to this doctrine of "selection," while I have departed from some of the ordinary details, especially that which requires the lines of incision to be carried through sound integuments; and to prove, so far as the opportunities I have had may be taken as proofs, that advantageous results have been obtained by my practice.

The first patient of whom I shall speak had his foot ground off near to the ankle-joint, the astragalus and the os calcis being cut through. The integuments on both sides of the heel were bruised and cut, and the posterior tibial artery probably divided close to the internal malleolus. Amputation at the ankle-joint would scarcely have been successful, because enough sufficiently healthy integument was not to be had. Amputation above the joint next offered itself in the routine of surgery. Looking at all the risks of this, and the peculiar risk of primary amputation in a robust adult, I hesitated, and ultimately determined to trim the stump, get what integuments I could, and to trust the result of healing partly to adhesion, and partly to granulation of the bone. You should be told that in the operation of amputation at the ankle-joint the healing is by granulation, and sloughing is always imminent; and that the worst results as regards sloughing occur after accidents like those before us, so that my patient was scarcely in a worse position than if his ankle had been amputated under the most favourable mechanical circumstances.

It was requisite to smooth the bones, and I applied the saw as far back as I could, without opening the ankle-joint, in order to have less surface to be covered. When the soft parts were adjusted, and plaster was used, there was a bit of astragalus not covered, and which was left to heal by granulation. I divided the tendo Achillis, and put the limb on a splint. You know how much value I attach to supporting a stump after amputation. Cutting through the cancellous texture of a bone is less dangerous as regards pyæmia, consecutive phlebitis, and suppuration, than when the medullary cavity is opened; and the remark applies in sawing through short bones. Light tepid poultices were applied. On the fourth day some sloughing spots appeared, and the leg was much swollen.

Now was introduced the treatment, of so much value, to which I have alluded—viz., irrigation. The thread syphons were at work night and day. Within twenty-four hours improvement was apparent. The leg was less swollen, the veins were less prominent, and the constitutional symptoms better. In fourteen days every part of the wound which was not adhered was covered with granulations. In nine weeks the man left the hospital, walking with a stick.

The next two cases were the subjects of much interest to all the students. They were remarkable for being admitted about the same time, the one two days after the other; for the exact similarity of the accidents, both occurring in young men of the same age, of the same size, and of the same occupation; and were remarkable, too, for equally good results.

While working at machinery, each of these men had his hand ground off at the wrist. One was admitted the day after the other. Two courses were open to me here—either to amputate through the forearm, or at the wrist, and to trim the torn and scanty integuments, and cover the denuded cartilages as well as I could, and to trust the result to healing of the soft parts by granulation, and covering of the cartilages by the same process.

In the first case, I disarticulated the carpal bones, and shaved off the projecting extremities of the radius and of the styloid process of the ulna. In the other, I removed the wrist, but left the radius and ulna intact. After a few days there was some evidence of sloughing in each case, and irrigation was commenced. In a week the patients left their beds, and irrigation was done during the day, while they were seated in arm-chairs.

You know that the rapidity with which these cases progressed was a marvel to everyone. After the granulations were thoroughly established, you remember how I strapped the parts and left off the irrigation. I pointed out to you the advantages which these men enjoyed in having the full length of their forearms, and excellent stumps, with good and healthy cicatrices. Both left the hospital just six weeks after admission.

The last patient to be introduced to your notice is now lying in the hospital. He jumped out of a railway carriage when insane, and his foot was ground off. Rather than cut through the bones of the leg, I preferred to amputate at the ankle-joint, although I could not get quite integuments enough to form flaps that could be placed in apposition at every point. It was evident, therefore, that some of the wound would have to heal by granulating over bone. On the first indication of a little unhealthiness about the stump, irrigation was applied. You know how well he is doing. He left his bed the fourteenth day, and during the daytime he is in a semi-sitting position in an arm-chair, the irrigation still going on.

The cicatrices which are inseparable from healing by granulations on an exposed surface are less healthy than integument, and are more prone to be destroyed by accident or disease. A cicatrix is but an imitative tissue of that which it supplies, and is inferior in every respect. This imperfection must be met by having the part carefully guarded. In dealing with torn and lacerated integument in the manner in which I have described, a case is not likely to pass through its several phases without some amount of sloughing, by which is separated that portion of integument which is too much damaged to live; and you must be prepared for this. Understand fully that I am not endeavouring to attach more value to this kind of practice than it is really worth; I am merely introducing to you a resource that is not generally made available. Its application has a limit; and your judgment and common-sense must decide, in any given case, whether you should resort to it, or amputate through the long bones of the limb. It is less likely to find favour in the eyes of young operators, because it is anything but a showy proceeding in an operating theatre. If amputations as generally done were devoid of risk, and always united by first intention, we should have all that could be desired. A quick-healing process is very uncertain, and there is more failure of it than success. I have, over and over again, drawn your attention to the distressing condition of a patient when his stump sloughs and the extremities of the bones are exposed.

A few words about the irrigation. I do not pretend to know much about this, as I am yet a learner. I have not applied it in more than a dozen cases; but of its advantage,

wherever any sloughing is going on, I am quite certain: it stops the process as by magic. Lives may be saved through it by the checking of pyæmia. Instead of the foul materials which are generated being allowed to accumulate, as they do in a poultice, and undergo decomposition, they are washed away as soon as they are formed. I have looked in vain among the surgical works within my reach for a description of irrigation in these cases. As a means for applying cold, the process has been in use for many years; and I believe it was more used formerly than now. My apparatus has consisted of a small reservoir, from which hung some worsted threads; and the water was thereby conveyed by drops to the diseased part, over which was laid a piece of linen, with the lower edge hanging free, so that there should be no impediment to the escape of the fluid and the foul materials. A gutta-percha sheet received the dripping, and conveyed it to a vessel on the floor. I have never employed carbolic acid or any other drug with the water.

Mr. Thomas, one of our students, has invented a nice apparatus for the purpose, which is effectual, secure, and easily managed. It is, too, cheap, costing only 16s. It is a metallic reservoir, capable of holding half a gallon of water; to which is attached a tap, with a transverse perforated cylinder. The dropping of the water is, therefore, easily regulated. That part of the contrivance with which I am most pleased is the stand on which the reservoir rests. This consists of two thin metallic curved bars, which cross the bed, and are attached to each side of the bed-frame by thumb-screws. By this arrangement the apparatus can be placed as high or low over the bed as desired; and the reservoir can be pushed from side to side, by sliding it on the bars. When warm water is used, the heat is kept up by a non-radiating material, with which the vessel is surrounded.

ON THE

DIAGNOSTIC VALUE OF THE OPHTHALMOSCOPE IN "TUBERCULAR" MENINGITIS.

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(*Concluded from page 598.*)

I COULD bring forward at least a dozen more cases, fully noted, in which I suspect that meningitis has existed or now exists in a chronic form, my suspicion being founded upon the symptoms and supported by the ophthalmic indications. To relate them, however, would not add anything of importance to that which I have already written, and would take up much time and space. I may state, however, that in examining the eyes of a number of idiots—not congenitally idiotic, but with idiocy due to disease—I have found that a certain proportion of them present those changes, or their results, in the optic discs which I commonly find after meningitis; while, as I have said, symptoms of mental deterioration or arrest formed a prominent feature in the after-history of several of the cases which I examined during the supposed acute stages. May not many of the idiots in our asylums be the victims of a long-past meningitis, which has left permanent injury behind it in the brain, but which has not destroyed life?

I have, however, to notice two objections which seem to withstand the hypothesis I have proposed. The first is, that until the ophthalmoscope has been used more extensively, and its indications checked by a much greater number of autopsies than at present, we cannot say with certainty what inferences may be drawn from the neuritic or ischæmic states of the discs. Neuritis must always mean structural disease,* perhaps, of greater or less extent, but states of schæmia may hereafter be found to accompany states of disturbed cerebral circulation—of encephalic congestions, for example,—which might give rise also to the cerebral symptoms I have described, and again subside, leaving not a trace behind. This brings me to the second and very serious objection: That thickenings and adhesions of the meninges at the base of the brain are rarely recorded as old lesions in post-mortem descriptions. It may be that our attention has not been directed to this point, and that such changes may be found more frequently if looked for more carefully; or it may be, that the membranes clear up after a long interval of time; or, again, the new formations may in time shrink into filmy or thready extensions which scarcely attract notice. Pathologists have not yet looked carefully for evidences of old meningitis; but now that I have put the question distinctly forward, I hope we shall soon have that number of able observers at work which only can settle a point of so much difficulty.

I have, however, the pleasure of quoting the following opinion of Dr. Crichton Browne, whose vast opportunities of observation at Wakefield, and whose ability and skill in the use of them, need not my poor testimony, but give great value to his statements. I may say that I made no mention whatever to Dr. Browne of my views on the matter, but simply put to him the three short questions which are given with his replies in full.

1. Whether you think idiocy is often to be traced to tubercular meningitis of past years?

"I have seen a few cases of idiocy which were distinctly referable to tubercular meningitis in early years, and a considerable number of cases in which I suspected a similar causation, but could obtain no satisfactory proof of it. When tubercular meningitis is so severe and well marked as to be *diagnosed*, it generally ends fatally. It is only when it is so limited, subacute, or masked as to escape recognition that it is likely to pass into permanent forms of mental derangement or impairment, and then its previous existence can only be inferred. I am quite persuaded in my own mind that partial and subacute attacks of tubercular meningitis in infancy and childhood are much more frequent than is ordinarily suspected, and are sometimes responsible for cerebral abnormalities which the anatomists are in the habit of attributing to synostosis *et hoc genus omne*. I am satisfied that they constitute the transition stage through which precocious children pass into dulness or imbecility of intellect. A little prodigy of wit and learning loses health and weight, complains of vague feelings of sickness, giddiness, or drowsiness, and suffers from night terrors, paroxysms of rage, or hallucinations. His stomach or bowels are said to be deranged. He emerges from this *trifling* illness bereft of his superior powers, stupid, ineducable, lethargic, or perhaps a partial idiot. Tubercular meningitis has been quietly and covertly at work undermining his brain and sapping his faculties, while no one dreamt of its presence. I have somewhere published a case of moral insanity (idiocy of the moral sense and hypertrophy of the animal propensities) which was distinctly traceable to an attack of tubercular meningitis; and I have met with many cases of perversion of character and liability to insanity which could be followed up to the same source. I have no hesitation, then, in classing tubercular meningitis as one of the causes of idiocy, although I would not certainly give it the highest, nor perhaps even a middle place, amongst these, supposing them to be arranged in their order of frequency. The causes of idiocy are very numerous and various, and I am not prepared as yet to marshal them in their proper order."

2. Whether any of the cases of idiocy which I (Dr. Allbutt) examined with the ophthalmoscope were likely to be such cases?

"Of the idiots whom you examined here, it seems to me highly probable that Talbot (No. 4) and Milner (No. 8) may have to date their idiocy from attacks of tubercular meningitis. I have no positive information on the subject, but shall make inquiries and report to you."*

3. Did you ever find traces of old meningitis at the base in cases of idiocy?

"My own experience in the morbid anatomy of idiocy is but limited, but I am aware that the appearances to which you refer—bands, adhesions, &c., as also thickening of the arachnoid, and miliary tubercles of the pia mater—have

* I must guard this statement. It seems certain that some cases of optic neuritis present themselves to the ophthalmic surgeon in which the neuritis is significant of no other changes than its own. Such cases do not fall under the physician's care, but Mr. Hulke has informed me of one or two.

* Both these cases presented marked changes of the optic disc. See my report on the Eyes of Idiots, published in the last volume of the Transactions of the Medical and Chirurgical Society.

been found in autopsies on idiots. I examined the body of an idiotic boy in the Warwick Asylum some years ago, and found great thickening of the arachnoid, adhesions between the hemispheres and anterior and middle lobes (at fissure of Sylvius), with fibrous bands at the base, thickening of the velum interpositum, and remarkable enlargement of the pituitary body. These changes must surely have been due to meningitis, and to this I set them down at the time. I had no history, however, to verify my impression. In another idiotic lad, whom I also examined in the Warwick Asylum, and whose case I published in the *Edinburgh Medical Journal* for March, 1865, I noted firm adhesion of the dura mater to the skull, especially along the median line, and great thickening of it posteriorly, thickening of the arachnoid, pallor of the grey matter, and a glistening appearance and unnaturally firm consistence, entire absence of the septum lucidum, and congestion and redness of the floor of the fourth ventricle; weight of brain thirty-five ounces and a half."

These notes of Dr. Browne's, forwarded to me in his entire ignorance of the object of my inquiries, are very interesting and important. The medical officers of any asylum which receives idiots might make very useful observations on this subject.

The final question is,—How constant are the evidences of the ophthalmoscope in undoubted cases of tuberculous meningitis? My opportunities of examination in such cases are not frequent; and this question could be answered far better by physicians of such institutions as the Children's Hospital in Great Ormond-street. In addition to the cases which have occurred in my own practice, however, some of the medical men in this district have also been so kind as to place cases of tubercular meningitis at my disposal for examination. I find that ophthalmoscopic examinations seldom annoy the child, except during a paroxysm of headache; and they rather please the parents, who think we are looking into the brain. I have examined the eyes in about twenty-five cases of tubercular meningitis of undoubted characters, which were watched through their course, and ended in death. I do not include the indefinite number of cases which I have seen once or twice at the hospital or at the dispensary, and have not followed up. In every one of those twenty-five cases I found ophthalmic changes; and I generally found them on the first examination. The changes were, most commonly, marked degrees of hyperæmia of the retinal vessels, which become swollen, dark, and tortuous. These changes were often traced up to the full development of ischæmia, which appeared next in frequency. Optic neuritis I found in about twenty-five per cent., as it occurred distinctly in six cases. In five of the cases I was present at the autopsy, and found the usual mischief at the base of the brain, in the Sylvian fissures, around the ventricles, and so on. It is somewhat remarkable that I should not have met with any exception to the rule of concurrence of the eye-symptoms with the encephalic mischief; but my numbers are far too small for any dogmatism. On one occasion, when I was talking the matter over with Mr. Carter, he said that he had a case of tubercular meningitis then under his care at Stroud, in which no eye-symptoms were present. He promised to examine the child's eyes again and again till death, and to secure a post-mortem if possible. He was kind enough to do so, and to place the case at my disposal. There was no mischief at all about the anterior part of the base of the brain; but there was mischief, small in quantity and slight in degree, about the cerebellar pia mater, especially between its hemispheres. The optic nerve was not congested.

This remarkable exception tends to prove the rule we should anticipate—namely, that tubercular meningitis is only revealed to the mirror when it invades the anterior and inferior parts of the encephalon; and that the eye-symptoms, though the rule, are yet in reality accidental, and depend upon the locality of the mischief. In Mr. Hulke's cases, published in the sixth volume of the Ophthalmic Hospital Reports, part ii., I find four cases in which meningitis was known or supposed to coexist with optic symptoms. One of these patients recovered. In another case death followed; and in this optic neuritis was succeeding the "Stauungs" papilla, as in my case of Master O——, but had not, as in my case, reached the disc. Mr. Hulke points out that this Stauungs papilla, or ischæmia papillæ, is not therefore pathognomonic of intra-cranial tumour, as has been supposed by Graefe, but here occurred as a consequence of meningitis of the base. I pointed out the same thing in my lectures "On Optic Neuritis," published in the *Medical Times and Gazette*.

Leeds, April, 1869.

P.S.—Some of my readers have expected me to refer to tubercle in the choroid as symptomatic of tubercular meningitis, and Dr. Moxon has been so kind as to send me an account of such a case which recently occurred in Guy's Hospital. Several such cases have been shown of late at the Societies also. Tubercle in the choroid is of little value as a diagnostic sign; it has only the corroborative value that tubercle in the lung would have; and, on the other hand, it is of far too rare occurrence to make its absence worth noting. As a pathological event, however, it is interesting and instructive.

ON THE

STRUCTURE OF THE ADULT HUMAN VITREOUS HUMOUR.

BY DAVID SMITH, M.D., M.R.C.S.

(*Continued from vol. ii. 1868, p. 720.*)

THE RELATION OF THE VITREOUS HUMOUR TO INTRAOCULAR TENSION.

As the vitreous humour is one of the chief agents which contributes to the fulness of the globe of the eye, the relation which it bears to the healthy hardness of the latter comes next under consideration. But as the aqueous humour and crystalline lens also contribute a small share in the production of intraocular tension, these last must also be passed in review during the discussion.

Intraocular tension is essentially based upon the distending force of the fluids of the eye, enclosed by membrane and tissue, which give them the character of a spherical solid body. It presupposes two conditions—first, the distending force of the fluids; and, second, the reaction of the membranous sphere upon the fluids. Both of these forces are in constant operation in the healthy eye, and between them, in health, an equilibrium exists, whereby neither gains the ascendancy. The last of these will be considered first.

I. *The Principles of Action of the Limiting Membranes of the Eyeball upon the Humours of the Eye.*

The contents of the eyeball—the aqueous humour, crystalline lens, and vitreous humour—are enclosed within a structureless capsule, which serves to bound and limit them, and unite them into a glassy sphere (Fig. 5). That segment of the sphere which corresponds to the posterior hemisphere goes under the name of *hyaloid membrane* (B); that in the anterior hemisphere, the *posterior elastic lamina of the cornea* (A). These membranes are united in the ciliary body (D), which throws the two segments into a sphere. This union may be demonstrated by making a section of the tunics of the eyeball in their thickness, parallel to the course of the ciliary processes. In such a preparation the posterior elastic lamina (A), after surrounding the anterior chamber in front, as a homogeneous structureless membrane 1-2000th to 1-3000th of an inch in thickness,* is observed, at the margin of the cornea, to become fibrous and to divide into three parts. One part encircles the rim of the anterior chamber, limiting the fluid which it contains, and passes into the base of the iris and into the ciliary body, in the latter of which situations it becomes blended with the fibrous processes of the zone of Zinn. Of the other parts, the greater gives origin to the ciliary muscle, which is also inserted into the ciliary body; while the lesser portion (E) enters the sclerotica, enclosing the canal of Schlemm. By the latter attachment the sclerotic is indirectly connected with the ciliary circle. Again, the hyaloid membrane (B), after encircling the posterior hemisphere, as a thin trans-

* Bowman: Lectures on the Parts concerned in Operations on the Eye, p. 19.

parent membrane, is firmly bound down to the ciliary body, where it increases in thickness, and goes under the name of the structureless membrane of Zinn (C), from its discoverer. This union is effected by strong fibres which are given off from the external surface of the latter, pass into the substance of the ciliary body, and meet those, already referred to, coming from the posterior elastic lamina of the cornea. Thus, then, these two membranes become united in the ciliary circle, and form a structureless sphere, the function of which is essentially that of limiting the humours which it encloses. For brevity of description I shall call this sphere the *aqueous capsule of the eye*.

FIG. 5.

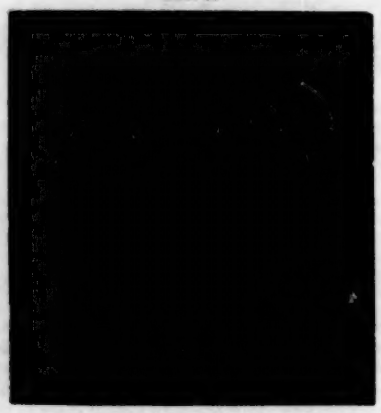

Diagram of the Aqueous Capsule of the Eye.
A, Posterior elastic lamina of the cornea. B, Hyaloid membrane. C, Structureless membrane of Zinn. D, Union of the membranes of the two hemispheres in the ciliary body. E, Fasciculus of fibres which encloses the canal of Schlemm. F, Crystalline lens. G, Ligament of the anterior capsule. H, Ligament of the posterior capsule.

The parts contained within the aqueous capsule are, the aqueous humour, iris, crystalline lens, and vitreous humour. It is divided into two segments by the lens (F) and its ligaments (G H); but the division is such as to admit of a certain amount of imbibition between the two hemispheres. This latter fact is of the less importance, as the fluid in the two hemispheres is chemically and physically alike, comes from the one source, distends both hemispheres with an equal degree of force, and its amount in both is regulated by the same principles.

The vitreous tissue in the posterior segment, and the posterior elastic lamina of the cornea in the anterior segment, confer upon the aqueous capsule the property of elasticity in a high degree, so that it is able to resume its original shape after it has been altered by any of the physiological actions of the eye. The elasticity of the vitreous tissue has been already adverted to (vol. ii. 1868, p. 378). Further evidence that it is possessed of this physical property might be multiplied. I will only mention one other example. Place a fragment of vitreous between two slips of glass, previously rendered opaque by a weak solution of nitrate of silver, to enable its action to be more readily observed. On pressing the glasses in contact the vitreous tissue is observed to expand, and on removing the pressure it instantly regains its former size. The hyaloid membrane is not extensible, though it bears a greater strain than might be at first supposed. The elasticity of the limiting membrane of the anterior hemisphere is a well-established fact.* The elastic structures of the aqueous capsule of the eye contract upon the contained fluid, and give it the character of a solid sphere. In the healthy state of parts it is always full, offering in front a smooth surface for the perfect refraction of the rays of light, and behind for the close adaptation of the retina which is spread out upon it.

But not only is the aqueous capsule, in health, always full, but the fluid which it encloses subjects it to a distending force, against which it reacts in an equal degree. The distending force to which the anterior hemisphere is subjected is often illustrated in practice in cases of ulceration of the cornea. The posterior elastic lamina, in these cases, in losing the support of the lamellated tissue in front, may often be observed to protrude through the bottom of the ulcer in the form of a vesicle. This is caused by the distending force of the fluid within. The distending force of the vitreous body is illustrated by the pressure effects on the central vein of the retina. In the normal state of parts the central artery and vein of the retina, as they pass over the optic disc, are raised above its surface, and are in direct contact with the hyaloid membrane, even projecting somewhat into the substance of the vitreous. In such circumstance the artery does not show any signs of pulsation, but the vein does in many cases; and in all the latter is flattened by the pressure of the vitreous, and pulsation is easily provoked in it. Now, the pulsation of bloodvessels, in any case, arises from the resistance which the walls of the vessels or outlying structures give to the distending force of the blood. While, in the eye, therefore, the distending force of the vitreous humour is insufficient to compress the arteria centralis retinæ to that degree which will give rise to pulsation, it is sufficient to flatten the vena centralis retinæ, and to give rise to pulsation, or an intermittent current of blood over the optic disc. As the vein, in this case, is as much subjected to the pressure of the vitreous as if it were in the centre of the humour, an index of the distending force of that body is thus obtained, which may be roughly estimated as equal, or slightly superior, to the lateral pressure of the blood in the smallest veins.

The distending force, however, to which the aqueous capsule is subjected by the fluid which it encloses is confined within the capsule itself; outside the capsule the distending force ceases to exist. This may be illustrated by the following experiment:—In a dying person, or in a body immediately after death, when the heart is either failing in power or has ceased to beat, the only obvious physical difference in the eye in such a case and that of a person in the vigour of life is, that the choroid has partially emptied itself of blood, and the sclerotica has become soft from the want of support within. In such circumstances, if pressure be made on the eyeball with the two forefingers, the vitreous is felt as a hard globular body within the eye, apparently of its normal position and size. Now, if the vitreous communicated any distending force beyond the hyaloid membrane to the outer tunics of the globe, or if the latter reacted by an elastic force upon the vitreous body, the tension of the eyeball would not diminish in the ratio of the weakness of the heart's impulse, but the place of the receding current of blood would be taken, in the one case, by the distending vitreous, in the other by the contracting tunics. That the distending force of the fluids of the eye is borne entirely by the aqueous capsule and structures within it, is also deducible from the difference between the form of the eyeball in health and that which it assumes in some diseases. In the normal eye the aqueous capsule forms a sphere (of which the cornea constitutes a segment), the radius of which is somewhat less than that of the sclerotica, and which cuts the latter at its junction with the cornea. The cornea therefore is more convex than the sclerotica, and at the line of junction a slight depression exists, on account of the angle which the two structures form with each other. The sclerotica forms no part of the sphere, and therefore can sustain no part of the distending force of the fluids of the eye; for if it did, the cornea and sclerotica would be segments of a sphere having the same radius. But when the aqueous capsule becomes enlarged by a superabundance of fluid, such as occurs in glaucoma, the lesser sphere (the aqueous capsule) becomes enlarged, so that the distending force formerly borne by it comes to bear upon the sclerotica: in a word, the lesser sphere merges into that of the sclerotica, and, as a consequence, the cornea takes on the curve of the latter tunic, the depression which normally exists at the junction of the two structures becoming obliterated.

As the distending force in both hemispheres of the aqueous capsule is the same, pressure upon the cornea with the two forefingers elicits the hydrostatic pressure, and consequently the tension to which its entire circumference is subjected. Accordingly, the tension of the aqueous capsule may be ascertained by causing the person under examination to close the eyelids, on the upper of which the surgeon places his two forefingers, and presses upon the cornea as if he were *examining for fluctuation*. The resistance which the cornea gives to the pressure of the finger is an index of the

* Bowman: Op. cit., p. 19.

distending force to which both hemispheres of the aqueous capsule is subjected. The tension of the cornea in health should be first learned, and used as a standard, to which the exalted or diminished degrees of tension which it acquires in various diseases may be compared. The formulæ first adopted by Mr. Bowman for noting the tension of the sclerotica may be employed also for the cornea, but as these are well known to ophthalmic surgeons I need not refer to them here.

(To be continued.)

OBSERVATIONS ON THE TREATMENT OF TROPICAL DISEASES.

BY J. T. GRAY, L.R.C.P. LOND.,
SURGEON IN THE PENINSULAR AND ORIENTAL COMPANY'S SERVICE.

(Concluded from p. 600.)

WITH such instructions and examples as these by the "highest authority" on Indian diseases, can we wonder at the immense number of our troops in the East who are annually invalided home on account of "anæmia," "general debility," "tropical cachexia," &c.?—affections which are often directly traceable to the "high hand." I trust I may be pardoned for expressing a hope that the young army surgeons arriving out in India, fresh from Netley, and well grounded in the principles of modern pathology and therapeutics, will have courage to think and act for themselves in accordance with these principles; though it must be confessed that some of the professors at this capital school appear to be rather too bloodthirsty in the practice they enjoin. Thus, Professor Aitken, in his well-known and admirable work, after stating, "as a general result, that bloodletting will not cut short the morbid process in acute hepatitis," remarks that "in the young and sthenic European it is *generally* necessary to take fifteen or twenty ounces [of blood], or till the skin becomes soft and relaxed, or the pain abates." Mercury, however, he considers "not only inefficient, but injurious." Again, on the subject of dysentery Dr. Aitken hardly ventures to have an opinion of his own, but believes that "the best general rules that we possess" are those recommended by Sir James M'Grigor, Sir Ranald Martin, and Professor Maclean. This is rather embarrassing to the student: for the first two gentlemen are strong advocates for "copious venesection," calomel, &c.; whilst Professor Maclean states that "the most judicious and successful practitioners in India rarely bleed now, even in the most sthenic forms of the disease, and confine the use of leeches within the narrowest limits." Calomel, too, he maintains "has no specific action on the disease, and its cholagogue effects can be attained by remedies which are not open to such objections as can be brought against mercury." Contrary to this, Sir Ranald Martin, writing in 1861, says that "amongst the surgeons of Bengal, bloodletting, general and local, takes the lead, and has done so for many years, in the treatment of dysentery. It is the standard remedy." Even Dr. Morehead, in his "Researches"—by far the most satisfactory single book on Indian diseases,—appears to be haunted with an idea of the necessity of subduing "vascular turgescence" in dysentery and hepatitis by local and general bloodletting, though his opinion is so qualified that the cases to which they are applicable must be comparatively few in number. Dr. Peet follows Dr. Morehead very closely in every respect. They both advocate the use of a preliminary dose of ten or fifteen grains of calomel in the early stages of dysentery and hepatitis. The recommendation of this large dose appears all the more strange when we find that they consider themselves to be opponents of the mercurial treatment of these diseases. Dr. Morehead administers the calomel with a view "to increase the secretion of the liver and the mucous lining of the small intestines," and cautions against aggravating the existing inflammation of the large intestine by its too frequent repetition. He also observes that "mercurial and other purgatives too frequently repeated in hepatitis materially favour the access of muco-enteritis and subsequent ulceration;" and, in another place, that "individuals under the influence of mercury are very predisposed to dysentery." If such be the occasional evil results of mercurial treatment, it must surely be owing to a lurking belief in the mythical specific influence before alluded to that it is adopted at all in such cases.

I have especially referred to dysentery and hepatitis, but my own observations during a number of years, not only on these diseases, but on the treatment of disease generally in India, have impressed me strongly with the belief that the tendency of the treatment hitherto and even now too much adopted has been to increase the severity of many of them. Dr. Peet remarks that "the early symptoms of very serious attacks of dysentery are often to appearance of a very mild nature." That is true; but I maintain that the administration of ten or fifteen grains of calomel at the onset of a mild attack is the very way to make it a severe one. I am certain that half the quantity is enough to bring on, to create, an attack of dysentery in some individuals. It cannot be said that the treatment under consideration is only advised in certain typical examples of disease; it is prominently brought forward in most of the works on Indian diseases as generally applicable. It is still the custom, in systematic medical works, to commence with qualified recommendations of the use of bleeding, &c., in considering the treatment of such diseases as pneumonia and bronchitis. What was formerly important is still placed first, and "precedent" is perhaps the most feasible explanation of the primary allusion to and recommendation of a mode of treatment formerly considered suitable to the majority of cases, but now, if at all, only applicable to a small minority; yet, in the recent and excellent work of Dr. Murchison on Diseases of the Liver, we are told that "acute congestion in tropical climates is often benefited by more active measures than would be justifiable in the forms of congestion which are more common in England." Further on he remarks, certainly most cautiously, that "when the disease sets in suddenly, and when the pulse is full and firm and the temperature high, a full bleeding from the arm, by diminishing the force of the heart and the total amount of blood, will *sometimes appear to check* the advance of the disease to suppuration." It is evident that the days of active measures are not yet numbered. I may remark here that Dr. Murchison maintains the now generally received opinion, that there is no evidence that mercury stimulates the liver to increased secretion, for if it did it would be injurious in cases of hepatic congestion, in which cases he avers it is of "unquestioned utility."

After a few years' residence in India Europeans commonly become more or less asthenic, though now and then they present a false appearance of strength, which is not indicative of a greater power of resisting the onslaught of acute disease. The natives of the country, it is generally acknowledged, bear depletion badly; but a ruddy, robust, newly arrived Englishman is a different being; he is plethoric, forsooth, and must be bled, or have his "vascular turgidity" reduced somehow. Indeed, the practical deduction to be drawn from both the older and more recent writings on Indian diseases appears to be this: if a strong man is attacked by an acute disease in India, you must weaken him as much as possible to enable him to get over it; if a weak man is attacked, you must strengthen him as much as possible with the same object in view. A multitude of quotations might be produced to prove that this deduction is in accordance with the practice enjoined by the lights of Indian practice; but, as in theology, doubtless also in physic, how many men are better than their creeds!

I believe the number of "judicious and successful practitioners" referred to by Professor Maclean is on the increase in the East. Many of the articles in the *Indian Annals of Medical Science* of modern date, and in other Indian medical journals, indicate steps taken in the right direction; whilst the discussions which take place at the medical societies of Bombay and other places show that, though some minds may be of the retrogressive order—not merely conservative, but with a tendency to revert to exploded views,—others, and I hope many, are adding to the strength and stability of the "young physic" of the day.

This is not the place to discuss, *in extenso*, the treatment of the acute diseases of India, but I may state in conclusion—to confirm, it may be, a doubtful mind in search of pre-

cedent for negative rather than heroic practice—that during the last four years I have neither bled nor applied leeches in a single case of hepatitis or dysentery; nor have I given so much as a five-grain dose of calomel to any patient for any purpose, and I have every reason to be well satisfied with the results. On the other hand, the cases I have seen in which active measures were unsparingly carried out, have, for the most part, terminated unfavourably.

The beneficial effect of a sea-voyage in many instances, I have little hesitation in saying, is due, in a considerable degree, to the negation of active treatment; and holding this opinion, I protest all the more strongly against the inconsiderate and too common practice of sending dying men for a sea-voyage as their "last chance." I have known patients carried on board the mail steamer in Bombay harbour in the last stages of dysentery and hepatic abscess, in the height of the monsoon, with the certain prospect of being subjected for eight or ten days to all the distresses and discomforts incidental to steaming against a gale of wind. To send such patients as I have described to sea, under the circumstances just mentioned, is really to throw away their last chance of recovery. Exceptional cases occur now and then, but the majority die before the voyage is half over. It is not to be expected that any benefit can be derived from a sea-voyage by almost moribund patients, and during the bad weather season it is downright cruelty to expose them to its miseries. If dysenteric patients were sent to sea early, or when not much depressed, even a monsoon voyage may prove beneficial, and patients in a still later stage of the disease may hope for benefit from a voyage in the fine season. When, however, utterly prostrate and helpless patients are carried on board during the south-west monsoon, a good result is most problematical. It should also be remembered that dysenteric patients on board ship are, from the nature of their disease, a source of discomfort and annoyance to those around them. This, of course, in a philanthropic point of view, is only a secondary matter, but, when a patient's chance of improvement is visionary, should not altogether be forgotten. Whilst agreeing with one of our medical classics that the worst air for a patient is that where his disease originated, I cannot but think that a practitioner will do more to prolong the life of such patients as those described by careful diet and good nursing, by perfect rest, and, in the case of dysentery, by the use of, perhaps, such remedies as bismuth and morphia, than by subjecting them to the commotion and excitement necessarily attendant upon undertaking a long sea-voyage.

Bombay, 1869.

DIAGNOSIS OF HANGING.

By ANDREW ALLISON, M.D.,

ONE OF THE HONORARY SURGEONS TO THE LLOYD DISPENSARY, BRIDLINGTON.

QUESTIONS of medical jurisprudence have not hitherto occupied a very prominent place in our periodical literature. The practical interest taken in medico-legal subjects is limited to a few experts, and the general practitioner is seldom employed in the higher branches of forensic medicine. Gentlemen who have been educated in Scotland often neglect to cultivate a competent knowledge of chemistry and physiology, in their application to the detection of crime. Caledonian students affect to believe that their altitude in scientific attainments will warrant a degree of indifference to the less attractive branches of an encumbered education. Such persons, in after-life, generally exhibit a notable ignorance of the able teachings of the northern schools.

In Scotland, coroners' inquests are unknown; but in England they are of daily occurrence, and medical practitioners are liable to be summoned to give evidence as often as scientific difficulties are involved in such investigations. When the professional referee manifests any degree of ignorance or oscillation in his testimony, the jury invariably draw conclusions adverse to the professional reputation of the witness, and the facts which the inquiry ought to establish are sometimes obscured by his unsound deductions.

Before proceeding to comment upon the fallacy of marks upon the throat as a diagnostic sign of hanging, I shall take the liberty of reasoning somewhat analogically on to the question which I am desirous of ventilating. In morbid states of the nervous system, expressed by neuralgic pains, the tolerance of anodynes is proportioned to the pathological lesion. For example, in tic-doloureux, a large dose of opium may be administered without even giving rise to a sense of drowsiness; whereas, in the physiological state, this dose would in all probability produce decided symptoms of narcotism. Thus, by graduating the dose to the urgency of the disease, *the excess*, if any, is alone liable to detection. This fact serves to show the characteristic impressions produced in opposite states of the organism. By gauging the quantity of calomel capable of being converted into the bichloride of mercury in the stomach, the therapeutic properties of the alterative are obtained, and that only which is *in excess*, and disproportioned to the action of the gastric chlorides, can be detected as a subchloride in the intestines. In like manner, by regulating the amount of strychnine taken into the stomach for killing purposes only, all traces of the alkaloid disappear from the body at death; and that portion, if any, which remains unabsorbed can alone be detected by the analyst. In hanging or strangulation, provided the constricting force applied be moderate, and not continued beyond the extinction of life, no furrow of the cord is usually apparent upon the neck; for it must be remembered that the mark is a post-mortem production, and not invariably present as a diagnostic sign of hanging, unless the drop be considerable, or the suspension continued beyond the actual death of the individual. I was recently summoned to a woman who had suspended herself by means of a piece of sheep-netband, but who was cut down by her husband before life was extinct. No mark of the ligature was ever visible; and had she died, and the cord been secreted, the cause of death might have remained a mystery for want of the alleged diagnostic mark upon the neck, and the attention of the coroner's jury probably directed to some unintelligible spasm of the heart as the supposed cause of the visitation. Had this woman been suspended for a longer time, the post-mortem mark would then, no doubt, have been visible. On another occasion, I was called to a man who hanged himself by means of a plough-string. He was absent from his family only six minutes, and when he was cut down no print of the cord was afterwards found upon the neck. Indeed, in the case of this drunkard, had a homicidal act taken place by hanging, and the real cause of death been concealed, the alleged diagnostic cord mark could have thrown no light on the manner of his death. Some years ago, I saw a weighty farmer, who had been suspended for a few minutes. At the inquest no perceptible ecchymosis, or mark of the halter, was then observable. A person may be murdered by hanging or strangulation, and the absence of a mark only indicate that the ligature had been removed as soon as life became extinct, or before the post-mortem indentation had been developed. As in the cases of opium, calomel, and strychnine, already alluded to, the *excess* of those drugs only manifests their detectible presence in the system; so the *excess* of hanging, beyond that which causes death, alone gives rise to the characteristic secondary impression of the cord. The presence of a groove encircling the neck only proves that it was originated after death, and not that hanging was the primary cause of the calamity. A few years ago, mechanical force was applied to a gentleman's throat at Scarborough, which he survived for several days; and as the signs of the outrage were but slightly displayed externally, several medical gentlemen of the borough imagined the original cause of death to be apoplexy, forgetting that the living tissue will resist impressions which the post-mortem condition will readily yield to. The judge who tried the culprits in this case was of opinion that death was primarily caused by strangulation.

The conclusions which I draw from a full consideration of such transactions are—that death, in the case either of strangling or hanging, is so sudden, that the production of a mark of the cord, in any of its peculiar forms, takes place after death. Indeed, the track of the cord is a purely cadaveric phenomenon, and its value exceedingly questionable as a diagnostic proof either of suicidal or homicidal hanging. A body cut down as soon as life has become extinct will hardly exhibit any external signs of violence;

whilst a dead subject, suspended for five minutes, will afterwards manifest mummification of the mark of the cord, the result of evaporation from the body, and must, therefore, be a post-mortem production. In diagnosing death from hanging or strangulation, where no marks are visible, the medical jurist must take into consideration the surrounding circumstances of the whole case, and then proceed to satisfy himself, pathologically, whether apoplexy, asphyxia, or neuro-paralysis, were conditions immediately concerned in arresting life. Under such an ordeal the medical inquisitor will be able to deduce conclusions satisfactory to a jury, and creditable to his own forensic sagacity.

Bridlington, May, 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

A CASE OF HYDATID CYST OF THE LIVER; SUPPURATION; EVACUATION OF PUS AND HYDATIDS; EXHAUSTION; DEATH.

(Under the care of Dr. SIEVEKING.)

WE were present at the autopsy of this case, which seemed of sufficient interest to deserve recording; and Mr. J. R. Walker has been good enough to give us some notes, which are appended.

Arthur D——, aged seventeen, admitted February 12th, 1869, suffering from pleurisy with effusion. On admission, the following history was obtained:—Family pretty healthy. The patient has hitherto enjoyed good health. In November last he felt a pain in the right side and stomach, which lasted about three days. About a month ago he felt a pain again in his right side, which he compared to a lump being there. This pain was worse when he lay down. He soon experienced difficulty in breathing in going up stairs, and was obliged to leave off work.

On examination, the right side appeared the larger, but on measurement no difference was detected; the circumference just below the nipples was 30½ inches. Breathing good over left front, also over the upper half of right side, below which there is absolute silence and dulness. Both sides seem to move equally in respiration. Resonance over left front less than over right front; vocal resonance much better over left than right. Heart-sounds normal. When he lies on his face the right posterior lower half is not nearly so resonant as the corresponding part on the left; still it is not so dull as on the front. Pulse 102, of medium force. Tongue moist and coated. Urine dark-coloured, not acid; specific gravity 1030; and contains a large deposit of phosphates, but no albumen. Ordered iodide of potash, five grains, and bicarbonate of potash, five grains, three times a day; broth, beef-tea, and milk.

Feb. 13th.—Absolute dulness below fifth rib on right side.

19th.—Liver pushed down below hypochondrium; circumference around nipples 30½ inches; sides still symmetrical; respiratory murmur to be heard much lower down than at first; vibration has returned to right side; has been sick. Grey powder, five grains, each night.

22nd.—Complains of pain in the back; no pain on right side.

23rd.—Circumference around nipples 31½ inches, the right side being 16½ inches; heart-sounds normal; pulse 96, soft and quiet.

March 20th.—Between these two dates no particular notes were taken; the pleuritic effusion gradually decreased, but the liver became more and more enlarged. At this time he was taking port wine daily, and a quarter of a grain of morphia pill at night. On examination to-day the edge of the liver is to be felt a quarter of an inch above the umbilicus, and extends with the usual curve to the right and left; the veins on the surface of the abdomen are much distended; pain and tenderness all over the abdomen; fluctuation at a point about two inches above and to the right of umbilicus.

23rd.—Great swelling in right hypochondrium; fluctuation more distinct; tumour evidently pointing where fluctuation was first felt. Urine of a yellow-reddish colour, contains bile, acid, specific gravity 1030.

27th.—The liver was punctured by a small hypodermic syringe, and pus drawn off. A larger trocar was then inserted, and about eight ounces of fluid, with small gelatinous masses, was drawn off. The canula was left in and plugged. Brandy, six ounces daily.

28th.—The syringe was again inserted, and two or three ounces of a similar fluid evacuated. Has had a rather restless night; pulse 128, small and wiry. Patient is becoming very emaciated; countenance anxious and flushed; pain in the abdomen much relieved since operation; takes his food tolerably well. Fish diet, also six ounces of port wine and six ounces of brandy daily.

30th.—An incision was made, and about ten ounces of offensive pus, with a large quantity of gelatinous masses containing hydatids, evacuated. Two grains of quinine mixture to be taken thrice a day.

31st.—This morning fifty ounces of pus, extremely offensive, were discharged (more remaining behind). The liver was thus reduced in size by about two inches, and tension removed. No tenderness, except at the edge of the wound. Pulse 104. No sleep last night.

April 1st.—Slept well, owing to an opium draught, which was substituted for the morphia pill. Pulse 112. Eight ounces of fluid evacuated.

2nd.—Sleepless night; pulse 127; six ounces of fluid evacuated.

3rd.—No sleep; pulse 140; four ounces of fluid discharged. Stimulants increased.

4th.—Sleepless night; pulse 180; cannot take his food so well; twenty ounces of fluid evacuated.

5th.—Passed a better night; pulse 140; eight ounces of fluid evacuated; has a blush of redness to the right of the incision; carbolic acid (1 to 100) injected without pain; bowels relaxed last two days. Stimulants *ad libitum*.

6th.—Pulse 180, smaller; cannot take his food at all; ten ounces of discharge, which is distinctly coloured with bile.

7th.—Pulse scarcely perceptible, 180; breathing laboured. Died at 11.55 P.M.

At the post-mortem examination, the body was found to be much emaciated, the outline of the liver being clearly visible. The liver itself occupied nearly the whole front of the abdomen, and encroached on the thorax, especially on the right side. It was generally adherent to the front abdominal wall (the spot of puncture being firmly adherent). Left lobe very much enlarged in length and width, but very thin, and covering the stomach, which was pushed to the left side. Right lobe almost entirely converted into a cyst or abscess, the walls of which were composed of thin discoloured liver tissue, not thicker than from one-eighth to one-fourth of an inch—except below, where there was unaltered liver tissue. The whole upper surface of the right lobe was firmly adherent to the diaphragm; below, to kidney and abdominal walls, where the cyst burst while detaching it, whereby several pints of fluid escaped, containing pus, with globules of lymph and gelatinous cysts. Both lungs were congested, and adherent to pleural walls by recent adhesions, with effusion in pleural cavities. Other organs healthy.

GREAT NORTHERN HOSPITAL.

CASE OF CONCUSSION OF BRAIN, FOLLOWED BY SYMPTOMS OF IRRITATION AND A SUCCESSION OF FITS, CONTINUING AT SHORT INTERVALS FOR TEN DAYS; QUESTION OF TREPHINING; TREATMENT BY ANTIMONY; RECOVERY.

(Under the care of Mr. W. ADAMS.)

THE following case, for the notes of which we are indebted to Mr. P. D. Hopgood, is interesting in connexion with the question of trephining, which so often arises under

like circumstances, and about which there is still much difference of opinion amongst surgeons.

F. P——, aged twenty-three, a healthy and very temperate man, was brought to the hospital, in a partially unconscious state, on Feb. 4th, 1868, having fallen from the top of a high cart, striking his head against the pavement. He was completely stunned by the fall; but in a few minutes spoke to those around, wishing to remain quiet. A few minutes after the accident he was taken in a chair into a house, and left for a while. During the interval he walked by himself up stairs, undressed, and went to bed,—where he was found when the attendants went to look after him. About an hour after the accident he vomited his dinner, mixed with some blood. At this time he became unconscious, but was very restless, curling himself up in bed, and pulling the clothes over his head. Afterwards he became somewhat sensible, and was very obstinate in being dressed previous to being taken to the hospital.

The patient was brought in a cab to the hospital at 6.30 P.M. Directly he was taken into the surgery he began to vomit blood in small quantities, mixed with food and fluid from the stomach. The surface of the body was cold, with pulse 60, feeble, and he persisted in curling himself up, and pulling the blanket he was wrapped in over his head. The pupils were contracted, and sensible to light. On examining the head, no wound was found; but there was a distinct depression, about the size of a shilling, on the posterior part of the right parietal bone. He was somewhat conscious, and his face rather flushed. Ordered beef-tea and milk, ice to the head, and hot bottles to the feet. Reaction took place in a few hours, the body becoming warm, and the pulse rising considerably; breathing quiet. Late same evening: Pulse 80, feeble; breathing quiet; seems inclined to sleep.

Feb. 5th.—No more vomiting. Got out of bed to pass water. Complains of great pain in the head. Ordered croton oil, one minim, immediately; tartrate-of-antimony wine, twenty minims, every four hours.

6th.—No sickness. Pain continues. Bowels open freely. Surface of body warm.

7th.—Has had several fits during the day; left side convulsed. Passes motions in bed. Pulse 96, feeble. Fits continue. Catheter passed twice daily. Ten leeches applied to temples. Pulse 100. Right pupil dilated.

8th.—Pulse 84. Breathing inclined to be stertorous. Left arm paralysed. Pupils contract with stimulus of light. Has been taking tartrate-of-antimony wine, twenty minims, every four hours. Skin warm and perspiring. Violent convulsions every few minutes. (In the fits, the eyes are turned up and to the left; twitchings of face and whole of left side.) There was a consultation with Mr. Gay to consider the operation of trephining. Mr. Adams thought the symptoms of cerebral irritation probably depended upon some spicula of depressed bone, but as it was difficult to define the exact spot at which the trephine should be applied, it was decided to wait for further symptoms.

9th.—Pulse 96, very feeble. Pupils sensitive to light. Breathing quiet.

10th.—Pupils dilate thoroughly with atropine. Pulse 64. Fits continue every few minutes; conscious between them.

11th.—Pulse 96. He is unconscious. Fits continue.

12th.—Fits continue very frequent. Pulse 100. Conscious between fits. Refuses nourishment; does not complain of pain.

13th.—Pulse 120. Fits very frequent. Depression in parietal bone plainly felt. Unconscious between fits. Continues the tartrate-of-antimony wine every four hours.

14th.—Eight fits during the day. Pulse 120.

15th.—Pulse 100; conscious; only one fit, in which the whole body was convulsed.

16th.—Six fits during the night; passes urine; pulse 96; much better; quite conscious.

17th.—Left arm paralysed; still continues tartrate-of-antimony wine; sleeps much.

18th.—No fit; talks indistinctly; sleeps a good deal.

19th.—Very comfortable.

21st.—Improving; no fit.

25th.—Complains of being hungry.

March 5th.—Takes food well; improving fast; remembers nothing about the accident.

17th.—No bad symptom.

April 30th.—Discharged well.

This man was seen by Mr. Hopgood in December, 1868, and he continued in good health, and able to follow his occupation; but had had three or four fits, not, however, of a severe form. He suffered from headache after stooping, or if he took more than one glass of ale daily. He had never been subject to fits before the accident.

Clinical Records
OF
THE PARIS HOSPITALS.

HÔPITAL LARIBOISIÈRE.

EXTENSIVE PERFORATION OF THE STOMACH, ATTENDED BY PERITONITIS, WITHOUT ANY LOCALISED SYMPTOMS DURING LIFE.

(Under the care of Dr. MILLARD.)

THE patient was a man of sixty-five years of age, and had led a tolerably comfortable life. On entering the hospital, on February 5th, there was general soft œdema, which extended to the face. The urine was normal, and the heart healthy. The patient had never had hæmorrhage. From what he said it was inferred that the disease had made its appearance four months previously: there was then a swelling of the legs, accompanied by general weakness, and this swelling had disappeared and returned at different intervals.

On examining the surface of the body, a large pemphigus bulla was discovered on the right leg, whilst the left showed a large, sore patch, probably due to pemphigus.

Feb. 20th.—For some days the patient has lost flesh, and has had excessive diarrhœa. With the increase of diarrhœa, the œdema has gradually disappeared, and the change thus produced adds to the emaciated aspect of the patient. The urine has been repeatedly examined, and no traces of albumen had been discovered.

21st.—The diarrhœa disappeared this morning, and returned in the evening. The patient passed water without knowing it.

24th.—Patient was in a moribund condition, the face being extremely emaciated. Death occurred during the day without being attended by any phenomenon worthy of being noted.

Post-mortem examination.—Abdomen: General peritonitis, with a great quantity of pus, and soft false membranes. Liver connected with the stomach by soft false membranes, which easily gave way as the liver was detached, and disclosed a perforated ulcer of the stomach, as large as a half-franc silver piece. On separating the stomach from the transverse colon, another perforated ulcer was discovered, of the size of a five-franc silver piece. No effusion of intestinal matter in the peritoneum. The liver and kidneys were in a somewhat fatty condition. The heart showed no signs of disease, except some milky patches on its surface. There was an emphysematous condition of the lungs. Thick false membranes covered the pleura.

HÔPITAL NECKER.

CÆSAREAN OPERATION POST MORTEM; BIRTH OF A LIVE CHILD.

(Under the care of M. GUYON.)

THE patient, on being admitted into the hospital, was in a state of profound apathy, and could scarcely give any information touching her condition. As far as could be gathered from her random answers, it appeared that she first fell ill about ten days before. On being asked where she felt pain, she pointed to the stomach. She had scarcely any fever, very slight cough, abundant diarrhœa, no typhoid maculæ on the abdomen, and a furred tongue without sordes. Since the beginning of her pregnancy—which was approaching its end at the time of admission—she had had several fits of convulsions. She had never had any attacks before pregnancy. During the fifteen days she remained in the wards

the urine was examined several times without any traces of albumen being ever detected. Eight days after being admitted she had a convulsive fit. The attacks subsequently recurred four or five times before the death of the patient. They all took place in the absence of the surgeon and house-surgeon, but the sister of mercy described them as being epileptiform seizures of a somewhat violent character. At almost every attack the patient had fallen out of her bed, and during the whole time of the fit had remained insensible.

The last attack commenced at about half an hour before the death of the patient. She was in a moribund condition when M. Alling, the house-surgeon, saw her. The abdomen was carefully auscultated, in order to discover the fœtal heart; but the pulse of the mother furnishing 160 beatings, it was impossible to make out whether the child lived. A few minutes after the death of the patient, however, the Cæsarean operation was performed by M. Alling and one of his colleagues, M. Molinier. At first the child gave no signs of life, but, on the ordinary means of resuscitation being resorted to, the heart began to beat, respiratory movements occurred, and the child uttered a cry.

The interesting points of this case may be summed up in a few words: the intense morbid condition of the mother; her repeated falls from the bed without causing any injury to her child; a protracted and violent agony, which extended over half an hour; and, notwithstanding the impossibility of detecting the beatings of the child's heart, the speedy determination to perform the operation, which was crowned with success. A few days after the child was sent into the country in the charge of a wet nurse.

We are indebted to M. Alling for the notes of the above cases.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, APRIL 26TH.

THE SYNTHESIS OF CATARACT.

WE had not space to analyse Mr. Jabez Hogg's paper last week, and now supply the omission. The author thought that it was scarcely possible for any synthesis to be more perfect than that of sugar cataract, and the important similarity which exists between the artificially induced and the natural disease is at once seen. Dr. Richardson had shown the universality of the subject. By saturating the blood with certain substances, as an alkali or sugar, a change is brought about in the tissues of the body; the eye shares in the derangement of function, nutrition is arrested, and saccharine or saline cataract ensues. Mr. Hogg proceeded to argue that in time appropriate medicines would be found for lenticular opacities. The author found that, upon burning the desiccated cataractous lens and viewing the spectrum, the sodium band seemed to be greatly intensified, as much as when metallic sodium is burnt; and this would seem to imply degeneration from excess of sodium salts. In Mr. Hogg's opinion, many forms of cataractous disease, besides those of the diabetic, are amenable to medical treatment; and if it be true that cataract is caused by a disordered state of the circulation, and at all times preceded by an inflammatory stage, then there cannot be a doubt of the propriety of attacking it in its earliest indications. Magendie long ago regarded the fifth nerve as very largely sharing in the nutrition of the eye, and thought that the loss of nutrition which takes place in cataract was owing to some abnormal state of this nerve, and led to the opacity; and that, therefore, medical treatment might be made available for the restoration of the lost nervous power. Bernard believes a change in the specific gravity of the fluids of the eye will produce opacity, and lays great stress upon the physiological effect of water in the organism; and these, with other observations of a similar kind, no doubt led to the practice of repeated evacuations of the aqueous, which Sir David Brewster and others thought might be the means of producing a more healthy secretion of fluid, and in this way remove opacities. Wardrop, half a century ago, tried paracentesis oculi to remove cloudiness in the aqueous, which he regarded as a symptom demanding speedy relief "for the purpose of diminishing irritation and lessening pain and tension of the eyeball." The whole question is, no doubt, one of important surgical and scientific inquiry, and well deserves to occupy the attention of those whose professional engagements and scientific pursuits may afford motive and opportunity for such studies.

At the meeting on Monday last, the 3rd inst., the Secretary read a paper by Dr. Elliott, of Hull, "On the Effects of Tobacco and Nicotine on the Goat." In experiments he had made, he found that an ounce of shag tobacco eaten from his hand by a goat had no effect. He then injected beneath the skin of the neck ten minims of nicotine. Violent symptoms were produced in thirty seconds: loss of power in limbs, hurried respiration, muscular tremor, pulse rose from 80 and 90 to 160, death momentarily expected; but in twenty hours after the operation the goat was quite well again. Dr. Elliott considers that the complete loss of power when sensation was unaffected, and the heart's action strong, has a practical bearing, favouring the opinion of Professor Haughton, that nicotine is the best agent we possess for the treatment of tetanus and poisoning by strychnia. A second paper followed by Dr. Lowe, of King's Lynn, "On a Case of enormous Encephaloid Disease of Right Kidney."

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 7TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

(*Concluded from page 570.*)

MR. HYDE HOUGHTON read a paper on a Case of Hæmorrhage fatal in forty minutes. The patient, aged 45, was eight months advanced in her sixteenth pregnancy, and while engaged in hanging bed curtains slipped off the chair and fell to the ground. Profuse hæmorrhage from the vagina at once occurred; and before the author could reach her she had fainted and died. At the post-mortem examination the body generally was found well nourished, but in an exsanguine condition; uterus healthy; membranes not ruptured; placenta attached near the fundus. No trace of coagulum or spot of blood was found in the uterus. The os was occupied by a plug of mucus, which was unstained by blood, nor was there any blood in the vagina. The only trace, indeed, of blood that was found was a thin layer gluing the labia together. The author communicated the case to Dr. Greenhalgh, and that gentleman suggested that the hæmorrhage was probably due to a ruptured varix, and was not at all of uterine origin. And in this opinion the author agreed, although at the time of the autopsy the idea had not occurred to him. It was corroborated, moreover, by learning, as he subsequently did, that the patient had suffered from varicose veins of the thigh and vulva.

The PRESIDENT stated that he had seen, not long since, a case where a varix just within the vulva formed a considerable tumour during pregnancy, and which slight force would have ruptured. Once also, after delivery, he had seen considerable hæmorrhage from a varix which had been torn during the labour, and the source of the loss was at first by no means obvious.

Mr. SPENCER WELLS and Mr. WORSHIP referred to cases in which they had seen death speedily follow the rupture of a varix in the leg. In Mr. Worship's case death followed within five minutes.

A paper was then read by Dr. JAMES WYNNE of Guatemala on an inveterate Case of Ulcer of the Cervix Uteri cured by the application of Dr. Richardson's styptic colloid (communicated by Mr. Spencer Wells.) After giving a history of the case, and describing the means of cure adopted during a period of three years, without avail—these means including careful attention to the general health, and the repeated application, locally, both of the milder caustics and the more powerful escharotics—the author stated, that after reading an account in one of Dr. Richardson's lectures of the properties of styptic colloid, he had thought it might prove useful in this case. He therefore made use of it. Its beneficial effect was manifest from the first, and at the

expiration of the third week the ulcer, which had lasted for seven years, during three of which the patient was under his own care, was entirely healed, and the induration of the surrounding tissue sensibly diminished. The general health also began greatly to improve, and ultimately became quite re-established. Since then he had used the styptic colloid in several other cases, and they appeared to recover with more facility than under the ordinary mode of treatment, the duration of healing usually being abridged fully one-half. In conclusion, the author expressed his belief that the styptic colloid exercised a beneficial influence, not only by excluding air from the ulcerated surface, but by protecting it from the secretions of the uterus, which were often very irritating in their nature. And from the fact that, although the whole effect of the remedy was expended upon the ulcerated surface, it having no power to attack deep-seated tissues, yet the indurated condition of the cervix entirely disappeared, he drew the inference that, in these cases, the induration is caused by the ulcer, and not the ulcer by the induration.

Dr. MURRAY gave particulars of some cases of uterine ulcer in which he had successfully used the styptic colloid.

Mr. SPENCER WELLS said this paper had been sent to him by Mr. Corbet, our *chargé d'affaires* in Central America, with a note, saying that Dr. Wynne has long held a distinguished position in South America. Collodion had long been used with good results, at the Samaritan Hospital, in cases where the lips of the os uteri were excoriated by irritating secretions from the uterus. So that collodion itself was a good application, but it was probably made better by the addition of tannin.

Dr. WYNN WILLIAMS remarked, that while Mr. Wells had borne testimony to the good effects of collodion *per se* in abrasions of the cervix uteri, he could, in like manner, bear strong testimony to the great benefit to be derived from a spirituous solution of tannic acid (spirit of wine and tannic acid in equal parts). Tannic acid acted not only as an astringent but as a powerful antiseptic, and therefore the more there was applied over and about the ulcer the better. He stated it as his belief that all the beneficial effects of the styptic colloid were simply due to the solution of tannic acid.

Mr. COLLINGWOOD stated, that when practising in Morocco, he had in some severe cases of ulceration of the cervix used, with the best effect, a powerful escharotic formed by saturating dried sulphate of zinc with strong sulphuric acid.

Dr. ROUTH thought that the ladies of the harem in Morocco must have uteri very different from the ladies of England to be benefited by such active treatment as that alluded to by the last speaker. Here ulceration of the cervix was looked upon as only a concomitant of a congested or inflammatory state of the uterus or its membrane. Caustics like potassa fusa, when used, were to produce, as it were, a larger sore which, by discharging copiously, would relieve the congestion. Glycerine was applied in the same way, causing a copious flow of fluid. But usually the uterus was relieved of its congested state by local depletion, leeches, or scarifications, before caustics were used. In many cases depletion alone sufficed to cure the ulcer. If the uterine inflammation was confined to the mucous lining of the uterus, which, from the excoriating qualities of its secretion, produced ulceration of the os, it sufficed to cure the first affection, and the ulcer would get well with ordinary water ablutions.

The PRESIDENT spoke briefly in reference to the pathology of the so-called cases of ulceration of the cervix. There could be no doubt that the bright, vivid appearance of the lining of the cervix which is often associated with general congestion of the uterus had been frequently mistaken for ulceration. The congestion itself, when causing uterine suffering, was, according to his own experience, associated, in nine cases out of ten, with some noticeable and marked derangement in the shape of the uterus. Necessarily this view of the matter—and whether or not the case related by Dr. Wynne was of this kind it was impossible to say—would induce a careful scrutiny as to the efficacy of a particular application in the treatment of ulceration of the cervix uteri.

Dr. ROGERS read a paper giving an account of a Case of Elephantine Clitoris, which he had successfully removed by the écraseur.

PRESTON MEDICAL SOCIETY.

THE monthly meeting was held on Tuesday, the 4th inst., at eight o'clock. There were sixteen members present, including the President, Dr. Haldan, in the chair. Dr. Arminson exhibited a morbid specimen of Rupture of Intestine from muscular exertion. Dr. Moore read a paper "On the Treatment of Pneumonia," condemning as a rule the heroic remedies of our forefathers, bleeding, tartar emetic, &c.; his own experience favouring the sustaining system of Dr. Hughes Bennett. An interesting discussion followed, in which the majority of those present took part. Dr. Moore's views were, as a rule, agreed with, except that the too general use of alcohol in the early stages of the disease was condemned.

Reviews and Notices of Books.

Lessons in Elementary Chemistry: Inorganic and Organic. By HENRY E. ROSCOE, B.A., F.R.S., Professor of Chemistry in Owens College, Manchester. New Edition. London: Macmillan and Co. 1869.

Laboratory Teaching; or, Progressive Exercises in Practical Chemistry. By C. L. BLOXAM, Professor of Practical Chemistry, King's College, London; Professor of Chemistry in the Department of Artillery Studies, Woolwich; &c. London: Churchill and Sons. 1869.

HERE are two works on Chemistry, and both of them excellent in their way. We cannot say we have perused them from cover to cover, as the Americans say; nevertheless we have examined them with some degree of care, by selecting, here and there, chapters and passages which we deemed likely to afford the samples by which to test their characters. Messrs. Macmillan deserve great credit for the very high order of their manuals on Physical Science. Prof. Huxley's little volume on Physiology for Schools was a model in its way; and Prof. Roscoe's, as might have been expected from his reputation, is equally good. It contains all the more important facts and principles of modern Chemistry; and they are arranged and put forward in an easy, clear, and, at the same time, precise and scientific form. Nothing has been omitted to bring the information up to the latest period, and anyone who masters the elementary instruction contained in this volume may be said to possess a considerable acquaintance with Chemistry as a science—such as so-called popular treatises hardly ever afford. The information is of course very condensed, but it is of the best; and the student is led onwards by easy stages from the principles to the examination of the facts and phenomena of chemical action in such a way that, with the aid of the questions and exercises on the lessons, his progress is rendered systematic and secure. Those who have had the pleasure, as we have, of hearing Mr. Roscoe's lectures need not be told that his subject would be treated, as it is here, lucidly and philosophically. The book is well printed and illustrated, and contains many useful tables and a good index.

A want of accurately recorded details of laboratory procedure is frequently felt by lovers of chemical science who do not make it their profession. To such we can with all honesty recommend Mr. Bloxam's new work. It will be found to contain all necessary directions, expressed with much perspicuity, for the analysis of single substances—not mixtures,—organic and inorganic. The book, as its name implies, is purely for the laboratory, theory and principles being purposely unnoticed; and we think judiciously so, there being already several good works—one of his own among the number—devoted to the consideration of these subjects. It addresses itself to the student of chemical analysis, and will prove a valuable aid, particularly if he have previously acquired a sound knowledge of the chemical

elements, with their reactions; for, with all respect for Mr. Bloxam's lengthened experience as an instructor, we confess to a very decided leaning in favour of furnishing the student with this knowledge at the outset. Mr. Bloxam seems to us somewhat over-apprehensive of failure in sustaining the interest of a beginner in studying the metals and non-metallic bodies *per se*; and he adduces this as a reason in favour of plunging at once into the deep water of analysis, leaving the learner to become gradually acquainted with the elements, their characteristics and behaviour, whilst immediately occupied with their compounds. Doubtless, much may be said for this method, on the score of increasing its interest to the student; but we should hesitate in pronouncing it to be the best, all things considered. The rudiments of every science must needs be more or less unattractive to the novice. We apprehend, however, that few students who have pursued the old system under Mr. Bloxam's personal guidance would be found to complain of having been wearied by him, either in the lecture-theatre or laboratory. We shall be much surprised if Mr. Bloxam's work does not become a very popular handbook with those engaged in laboratory work.

La Conférence Sanitaire Internationale de Constantinople. Par le Dr. POZNANSKI. pp. 86. Paris, 1869.

DR. POZNANSKI criticises sharply the proceedings and deductions of the International Sanitary Conference held at Constantinople in respect of cholera. He touches very neatly the weaker points of the reports of that imposing body; not so much, perhaps, on account of their weakness, as that he has a theory of his own concerning the dissemination of the disease in question. Dr. Poznanski has, indeed, worked out a doctrine of the dynamic influence of miasms, not altogether unknown to the readers of our columns, and which would not be deficient in ingenuity if it were not that it relegates to the region of the indefinite things which, above all others, are nothing, except words, if they be not definite. The Conference, in seeking for a workable theory of cholera diffusion groveled in the earth, and its conclusions were earthy; Dr. Poznanski springs from the earth into the upper air, and traces the infecting agent of an epidemic moving in streams among the clouds, and following broadly the laws of a heated atmosphere in its diffusion and down-currents. It may be so; but the epidemiologist who has to deal practically with the restraint of epidemics will do well to limit his notice to what is more within ken.

Foreign Gleanings.

VACCINATION FROM THE HEIFER ON AN EMERGENCY.

THE steamer *Florida*, belonging to the French Transatlantic Company, had, on its return to St. Nazaire from Panama, lost eight persons from small-pox, out of a somewhat large number attacked. The disease had been brought on board by a passenger from Colombo, who, coming from the Pacific, felt the symptoms of the complaint fully twelve days after embarking. Another vessel of the company, the *Nouveau Monde*, had orders to start from St. Nazaire a few days after the arrival of the *Florida* in that port. It was apprehended that small-pox might also break out on board the *Nouveau Monde*, and the revaccination of between four and five hundred people was deemed necessary. But lymph was wanting, and time was pressing. M. Lanoix, the propagator, in Paris, of the transmission of cow-pox from the kine, was applied to, and he at once sent to St. Nazaire a heifer inoculated with 150 punctures. The animal arrived safely, and was placed on board the *Nouveau Monde*, which started on the 8th of February. M. Lanoix had received the intimation only on the 5th; and he had been careful to send with the heifer many tubes, which the surgeon on board filled and brought to Aspinwall, where some alarm was felt. From the report of this surgeon (M. Petit), it appears that a chambermaid was seized on the voyage with varioloid, she having been in a room on shore where some articles from the *Florida* had been placed. She soon recovered. This circumstance induced the surgeon quickly to revaccinate the whole crew, and most of the passengers, from M. Lanoix's heifer, and more than half the operations succeeded, though no one was put on the sick list. Subquently the Company sent for M. Lanoix to St. Nazaire to revaccinate, with the assistance of the surgeon of the vessel, the fresh crew of the *Florida*, and also the crews of several packets in the harbour. Some bullocks were put on board the *Florida*, and she sailed on the 8th of March, the animals being successively inoculated during the voyage to keep up a supply of lymph. Since that time, M. Lanoix has sent from Paris to St. Nazaire a vaccinifer heifer, for the use of the packet *Eugénie*, sailing for Panama on the 8th of March. These circumstances illustrate in a striking manner how valuable animal vaccination is in an emergency.

THE UNIVERSITY OF LOUISVILLE, U.S.

We have received a pamphlet entitled, "Commencement Exercises of the University of Louisville, Medical Department, containing Addresses by W. C. Maul, A.M., and Professor Lunsford P. Yandell, jun." As the latter author made a very favourable impression upon us when we had the pleasure of seeing him in London, we turned to the pamphlet with some curiosity. We were at first puzzled, as one of the discourses of the "Commencement Exercises" is a *valedictory* address. But it would appear that it is customary with our cousins to give some advice to newly-created doctors assembled on the occasion, when the new-comers begin their studies. Judging from the sound counsels contained in Dr. Yandell's address—though the language to us on this side of the Atlantic seems quaint,—the custom is not bad. Our own introductory lectures have, on the contrary, this defect, that they often contain advice of use in actual practice, whilst the hearers are but embryo doctors. A feature of this pamphlet, rather unusual with us, is the speech of one of the newly-made physicians, full of hope for the future, and teeming with praise of the professors; the diction is high-flown, and approaches bombast. Dr. Yandell, however, does not conceal from his hearers the shortcomings and the dark sides of our profession. But we have rewards, also, and the author says:—"In truth, you may very correctly judge of the civilisation of a country by the estimation in which medical men are held in it. The worthy representative of the noblest people on this planet, Queen Victoria, delights to honour the conspicuously worthy members of our profession in her kingdom. And that wonderful man, the third in name, but hardly second in point of wisdom, the peerless-minded Emperor of the French, is scarcely behind the good Queen of England in rewarding medical merit." The author is very full and explicit on the "duties and qualities of the good physician." Here he says,—"Never tell your wife's secrets to your patients, nor your patients' secrets to your wife." On the subject of cleanliness Dr. Yandell remarks: "The healthiest people in the world, and the longest-lived, I believe, are the English of the higher classes, and beyond all peradventure they are the most cleanly." He insists on the necessity of pure air and good cooking; and with reference to the latter the author has the following bold outburst:—"Bad cooking, which spoils food, however good in itself, is the cause, I strongly suspect, of half the sins of the world, and of quite three-fourths of the domestic infelicity. If I had the training of a girl, I should charge and beseech her, above all things, to be amiable and unselfish, and a good cook. There it little doubt in my mind that the bad biscuits of America are in a great measure to blame for the numberless homicides which render our country a bye-word among the nations. Bad bread breeds battle, murder, and sudden death. Bad cooking probably killed more Confederate soldiers than the bullets of the enemy. I am not sure that our Legislature ought not to pass laws making bad cooking, if by a servant, punishable as a felony, and if on the part of a wife, unquestionable ground for divorce." This is certainly a savory bit, and will frighten any *gourmand* intending a trip to Kentucky. But Dr. Yandell is in sober earnest when he speaks of the art of "giving advice," on the "duties of physicians and patients," and on the "bearing of doctors towards one another." We wish the Professor and his University much success.

THE LANCET.

LONDON: SATURDAY, MAY 8, 1869.

WITHOUT pretending to any deep information of the details of the communications which have transpired between the Government and the deputation appointed by the Executive Committee of the Medical Council, we have no reason to alter the opinion we have already expressed, that the present Government is as likely as any other to undertake the much-needed amendment of the Medical Act. The Act was originally a Government measure. It was passed in the interest of the public; not with the view of foisting upon the public any particular set of medical advisers, but for the purpose of enabling it clearly to distinguish between educated and uneducated medical men, or, rather, between those whose education had been tested by the recognised authorities of the country and those who had not passed any such test. Having this primary object in view, it provided for a register of all the legally qualified men of the country, and, in a very rough way, made it illegal in those who were unqualified to use any title which implied that they were registered. The design was to punish men who used titles which led the public to think they were something which they really were not. Not only did the Medical Act assign the registration of the profession to the Medical Council, but it made that body a Council of Education. It contemplated giving the Council power to regulate the medical education of the country, and those examinations which are supposed to test this education. Such may be said to have been the great functions which the Legislature intended the Medical Council to discharge. In other words, such were the purposes of those who framed and passed the Medical Act.

If we now proceed to inquire whether the Medical Act has realised the design of those who passed it, we must emphatically say that it has not. The Act has created a Medical Council which, at one time or another, has comprised most of the men who have lately led or adorned the profession; but the Council has been worked in a very costly way—at a cost of £3000 a year and more. It has only imperfectly influenced the efficiency of the examining boards; and the Act has egregiously failed as an instrument for punishing those who deceive the public by assuming false titles. To notice only the last failure which we recorded: the magistrates at Birmingham lately refused to find a person guilty of a violation of the Act though he used the title of Doctor, and signed certificates of death; appending titles to his name which, in connexion with the assumption of the title Doctor, were clearly calculated to mislead the public. It is unnecessary, however, to argue the failure of the Medical Act in this matter; for it is admitted by the highest authority on the question—by the Medical Council itself. The Medical Council's own Amended Bill has this preamble: "Whereas the Medical Act (1858) has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners," &c. Considering, then, the inefficiency of the Medical Act, admitted and felt by the Council itself, we may hope for an end of the annual bandying about of this subject between the Government and the Council, and for a real attempt to complete an Act which, in its moderation and in its essential design, was a statesmanlike measure. For ourselves we have no wish to prevent anybody taking advice and medicine from any source he pleases; but we desiderate that, in a matter of such importance, educated skill be provided for the public, and so clearly stamped by Imperial recognition that there shall be no confusion between it and its miserable counterfeits. We would leave the amateur or the quack doctor in full possession of his liberty to physic all who please to take his physic; but we would absolutely prohibit the use of all professional titles, and make their false use a clear and great offence in the eye of the law. Moreover, we would alter the composition of the Medical Council, so that it should be more satisfactory to the profession which supplies the enormous income which the Council manages to spend, and so as to make the Council more representative of the real nature and wants of general medical practice. The Council exists really for the purpose of regulating general medical practice, so as to bring it up to a certain standard of efficiency; yet general practitioners are conspicuous by their absence from the Council.

Not only we, but the whole profession, desire these various improvements in the Medical Act. They have been the subject of discussion now so long that the profession is indisposed to hear anything more of them than that they are accomplished. A Ministry is in power able to do what is reasonable in the matter. Will it be done? And if it is not done this year whose fault will it be? Disappointment may come from three sources. The Ministry may find themselves in June, to which time the meeting of the Council is generally postponed, too much pressed by other matters to take up the subject; or the Council may refuse to recognise the universal wish of the profession for some representation at its board; or the promoters of this last great object may obstruct and defeat it by insisting too much on particular methods of representation. We published in a recent number an address to members of the Legislature, drawn up by the President of the Council of the British Medical Association and some of his colleagues. The address was an able exposition of the designs of the Medical Act and of the imperfect realisation of these designs. It suggested three great remedies—1. An increase in the legal powers of the Council. 2. A unification of the examining bodies. 3. The direct representation of the profession in the Council by the addition of members chosen by the profession promiscuously. This plan of procuring such representation is open to the great objection, that it involves an enlargement of an already large body, and that it ignores a great doctrine which we advocated at the time of the passing of the Medical Act, that the corporations are essentially composed of their members; and that when the Medical Act assigned a representation of the corporations in the Council, it meant the members at large, and

not the mere councils or governing bodies, to select the representative. While, then, we feel indebted to the British Medical Association for taking up this question, we trust it will not insist too much upon its own notion of the way in which this object shall be provided for. If it does so, it may postpone indefinitely a most desirable reform in our profession. We know of nothing that would tend more to improve our corporations and to elevate the profession than for each corporation to respect and recognise its own members, and to take them into friendly counsel on all matters affecting their prosperity and their efficiency. Only last week we noticed the new life which has come to the University of Edinburgh by the Act which gave recognition to its graduates, and allowed them to meet in council to deliberate on the affairs of the University. Let our readers try to imagine what a power for good would be exercised if similar functions were clearly assigned to the members of the College of Surgeons. We hold that the Medical Act gives them, in connexion with the Fellows and the Council, the right of electing the representative of the College of Surgeons in the General Medical Council. At any rate, if it does not do so, an amendment of the Medical Act is a good occasion for giving the members of all our colleges and universities such a recognition and such a function. We believe that this course would not meet with opposition from the Council, many members of which are now elected by a method approaching that which we recommend. Dr. ANDREW WOOD was the champion of direct representation last year, and his method was similar to that of the British Medical Association. It remains to be seen whether, in order to gain his object, he is willing to forego his plan. He has probably seen enough of the working of the Council of the Edinburgh University to lead him to think that both teaching and licensing bodies do best when they treat their own members with respect, and we shall yet hope to see him support a clause which would secure to the members of the various bodies a vote in the election of their respective representatives in the Medical Council. This would be a course at once liberal and conservative. It would conserve the collegiate and corporate representation; and it would be a liberal recognition of the relation that ought to exist between colleges and their members.

THE special meeting of the Royal Medical and Chirurgical Society on Monday evening last, of which we give a detailed report at another page, if not very prolific of result, was at least satisfactory in giving numerous Fellows of the Society an opportunity of expressing their sentiments. Considering the warm terms in which Mr. SOLLY spoke of the proposed "Academy of Medicine" when taking leave of the presidential chair last March, we were somewhat surprised that he, in proposing the first resolution, did not enter more fully into the arguments for and against the proposed amalgamation. Dr. PITMAN, his seconder, however, made up for the omission by referring in detail to the causes of the decline of prosperity and progress on the part of the Medical and Chirurgical Society, which he attributed mainly to the foundation of numerous minor Societies during the last few years. As Dr. PITMAN made no secret of the want of success of the Medical and Chirurgical Society in recent years, he will perhaps pardon us for saying that that failure has been due principally to the *cliquism* which has distinguished the management of the Society for some time, as has been painfully evidenced both in the election of its officers and the selection of papers for publication in its Transactions. It is well known that the most recently founded Society—the Clinical—sprang almost entirely from the discontent of those Fellows of the Medico-Chirurgical Society who found their papers rejected when treating of practical points in medicine and surgery, but admitted if dealing with statistical details and bristling with elaborate tables.

Dr. PITMAN deprecated a change of name; and in this he was strongly supported by Mr. CHARLES HAWKINS, who questioned roundly the legality of the proposed scheme, and urged that the charter of the original Medical and Chirurgical Society could not be revoked without the consent of all the Fellows. This is no doubt the fact; but should it appear to be for the general good, and a means necessary for carrying into effect an amalgamation of which Mr. HAWKINS himself allows the advisability, we cannot conceive that he or any other Fellow would withstand the abandonment of the old charter in favour of a new one. The amalgamation of the several societies together under the original name presents no difficulty; for an opinion of the Society's legal adviser, dated December, 1860, contains the following passage:—"I think that the general object of the scheme—viz., the uniting into one Society the various Societies engaged in promoting different branches of medical science—is one fully authorised by the charter, which expressly incorporates the Medical and Chirurgical Society for the cultivation and promotion of physic and surgery, and of the branches of science connected with them." It unfortunately happens, however, that the other Societies object to the name as too exclusive, and hence the proposed title "Royal Academy of Medicine."

We think the meeting is to be congratulated on having at last, after much discussion, got so far as to substitute the title "Royal Society of Medicine" for that we have already referred to, since the term "Academy" is in many ways objectionable, and the suggested addition of the words "of Great Britain (and Ireland)" would have been simply ludicrous. The Fellows of the Medical and Chirurgical Society having now resolved to found a Society under this title, it will be for them, at the adjourned meeting, to carry out the proposed details in such a way as may seem best. At the same time it would be well for the Council of the Society to make sure of their legal position, if they have not already done so; and we would suggest to those Fellows who are also members of other Societies that they should be at the trouble to ascertain the sentiments of the other members of those Societies as regards the details of the scheme, so that the discussion may be as much to the point as possible. We congratulate the Fellows of the Medical and Chirurgical Society upon the good temper displayed in the discussion, and would venture a word of hearty commendation to Dr. BURROWS for his able and authoritative conduct in the chair.

WE hope that the House of Commons will pause before it adopts the Bill to amend the law relating to the appointment of County Coroners, recently introduced by Mr. GOLDNEY, Mr. T. CHAMBERS, and Mr. PEASE. We object *in toto* to the principle of the alterations proposed, and particularly to the appointment being placed in the hands of the Lord Chancellor. The Coroner's Court is one of the most ancient of our popular institutions; and although it has been deprived of many of its most important functions by the extended jurisdiction of more modern tribunals, it is still *par excellence* the court of the public appointed to inquire into the important moral issues involved in cases of violent and suspicious death. The coroner does not sit as an administrative judge; he is not empowered to inflict sentences on wrong-doing. He is the director of a popular commission; he is the head of the jury empanelled to inquire, and not to try; and, jointly with the jury, he is the representative of public interest in the sacredness of human life. He is nothing if not a freeholder who enjoys the public confidence, and it seems to us an essential condition that he should be elected by those with and for whom he has to act. Hitherto this has been the case; and although the defective definition of the elective body has led to great confusion, that can be no reason why the freeholders should be deprived of their privilege, and a new piece of patronage be added to the sufficiently long list of officials whom it is in the power of the Lord Chancellor to appoint. If the appointment had been placed in the hands of the Privy Council, there might have been less objection. There are those who are of opinion that the patronage would be wisely exercised by a body which at least possesses the advantage of being well informed as to the qualification of local candidates, and to be well guided by the department which is so intelligently administered by Mr. JOHN SIMON. But to place the responsibility in the hands of the Lord Chancellor, who cannot possibly know anything of the qualifications of local candidates likely to have the confidence of their neighbours, and who will be continually dunned to bestow the office upon some obscure hanger-on of the Court, or a lawyer who has some claim upon his party for acting as electioneering agent, would, it appears to us, destroy every chance of securing that harmonious action between coroner and jury which is essential to a satisfactory working of the law. Even were it shown that the freeholders are likely to elect less efficient persons than the Lord Chancellor or the Privy Council would choose (although we altogether disbelieve in the probability of such a result), we should still prefer that the election remained in the hands of the freeholders. They are the best representatives of the public; and if the public are are satisfied with the operations of the Court, no one has any cause to complain. The effect of transferring the appointment to the Lord Chancellor would be at least to upset one principle which public opinion has of late years almost continually affirmed. It is impossible to believe that medical men would in any case be appointed by the Lord Chancellor; and to appoint a lawyer in the county of Middlesex, for example, would be flying in the face of public opinion, expressed on many occasions, and with no uncertain sound. The example of electing medical coroners in many other counties has confirmed the propriety of such appointments, and we trust that Parliament will allow this one popular privilege to remain to the public, of saying whether it shall be a lawyer or a medical man who is best qualified to judge of medical testimony and express his opinions to the jury as to the cause of death. No one can say that this privilege has hitherto miscarried or been seriously abused. The coroners so elected, whether lawyers or medical men, have usually occupied an honourable position in their districts, and have fulfilled their duties satisfactorily; and the fact of some annoyance having been caused from want of a properly registered constituency, is no sufficient argument against a practice which has been in existence many hundreds of years, and answers the wishes and expectations of all concerned. There only requires one small alteration in the existing law, which is that the word "freeholders" should be defined to be those who are entitled to register as such in the lists prepared for the election of members of Parliament. This simple change is all that is necessary or desirable, and, this granted, we would willingly leave the question of dismissal with superannuation to be dealt with at a future time. We are not aware that any great inconvenience has arisen. Aged coroners have usually found little or no difficulty in providing efficient substitutes; and, on the whole, we are inclined to think that direct payment for professional service is always preferable to the principle of retiring pensions, of which the public do not see the end.

IN a recent number of the *Centralblatt*, a paper on the Origin of Epithelial Cancer appears, written by M. LEONTOWITSCH, in which he remarks that, with few exceptions, observers refer the origin of epithelial cancer, or cancroid, to the connective tissue. Recently, however, THIERSCH and BILLROTH have denied this mode of origin, and hold that the epithelial elements play the most important part. The investigations of M. LEONTOWITSCH were conducted on thirty-eight cases, operated on in the University of Charkow during the years 1865–66. His results were as follows:—The stratum Malpighii, at the site of the disease, was usually normal, and though sometimes more or less atrophied, at the point of transition of the skin into the mucous membrane it was always very thick. The sebaceous follicles were always hypertrophied, penetrated deeply into the skin, and contained well-developed nucleated cells. The sudoriparous follicles, on the other hand, were essentially unaltered. The muscles presented two kinds of alteration—1st, atrophy due to the pressure of the young cells developing in the connective tissue; 2nd, thickening of particular fibres, which had lost their transverse, but retained their longitudinal striation. The refractive power of these fibres was increased, and, as in colloid disease, their borders had become strongly defined. All the three coats of the blood-vessels, and especially of the arteries, were thickened and condensed. The most remarkable appearances, however, were presented by the nerves. In these the neurilemma was thickened, and presented numerous connective-tissue cells; and in a few cases a differentiation of the latter into epithelium cells, which either invested the neurilemma as a single layer, or formed cancroid masses united into groups. In the interior of the nerves, again, transverse section ex-

hibited a proliferation of connective-tissue cells, the pressure of which had caused, in places, almost complete atrophy of the nerve-tubules. An independent development of cancroid appears to take place in the muscles and fibrous tissue. The masses are deep-seated and isolated, consisting of young, and sometimes of old, dry, and shining epithelial cells, many of the former of which are in process of multiplication, and themselves ultimately differentiate into epithelial cells. The cells in the muscular fibres develop at the cost of the corpuscles of the muscles. In the subcutaneous fatty tissue the masses proceed from the proliferation of the cells of the stroma, and as they increase in number, gradually compress and produce atrophy of the fat-cells. M. LEONTOWITSCH only once observed the development of cancroid in a lymphatic gland, and here also the epithelial elements originated in the connective-tissue corpuscles of the gland-stroma. The epithelium of the mucous membrane covering the lips was always hypertrophied, and the broad epithelial growths could be seen even with the naked eye to dip deeply into the submucous tissue. Microscopic examination showed that the papillæ of the mucous membrane were atrophied, and appeared between the new growths as small connective-tissue striæ. The new growths branch like roots at their deeper part, and are composed of cells exactly analogous to those covering the mucous membrane. The mucous follicles are enlarged, but retain their normal structure. The development of cancroid from the epithelial cells lining the mucous follicles was only noticed in one instance. It was observed to originate twice from the interior of a sweat-gland. In conclusion, M. LEONTOWITSCH states that out of the thirty-eight cases examined, twenty unquestionably originated from connective tissue or its corresponding structures. In twelve cases it proceeded from the epithelial structure, and in six cases its origin could not be accurately ascertained. Hence he is of opinion that all the varieties of the connective tissue, as well as of epithelium, are capable of developing cancroid.

THE question of the foundation of a Naval Medical School at Greenwich Hospital is likely, we understand, to be brought forward prominently by the medical authorities of the navy before long; and, whatever may be the ultimate destination of Greenwich Hospital, there can, we think, be no question as to the advantages such a school would afford. The proposal to found a naval medical school is not a new thing; for it was brought before the Committee presided over by Sir ALEXANDER MILNE some few years back; and, at a later period, the Medical Director-General—Dr. BRYSON,—in compliance with an Admiralty order, laid before the authorities "a scheme for the education of medical officers for the Royal Navy," in which the formation of a school at Greenwich was strongly recommended. All the principal medical officers of the service concurred in the opinion that such a course was advisable; and the present Director-General was most emphatic in his recommendation of the scheme. He said, *inter alia*:

"I think it above all things desirable for the navy. I think the fact of our not having such a school as that, and in not raising the medical officers of the navy to the same position as the medical officers of the army, is one of the great reasons that has led to the unpopularity of the navy; because medical men see that the naval profession does not offer the same amount of status in the eyes of the world as their own profession, or the medical service of the army."

Mr. DU CANE'S Committee, to which we referred last week, also took up the question of a naval medical school; and showed that, in their opinion, the formation of a school, similar to the Army Medical School at Netley, would be beneficial both to the patients, by supplying that kind of secondary medical attendance which is afforded by young medical officers, and to the economy of the hospital, by avoiding the necessity for a large and highly-paid permanent staff. With regard to the naval medical service itself, it is obvious that many great advantages would accrue, since the school would afford opportunity for young medical officers to be instructed in their special duties, and for medical officers returning from foreign service to refresh their knowledge. It would also furnish the means of rewarding the best medical officers in the service, by bringing them forward as teachers or professors; and these would form a most important board of reference on naval medical matters, so that the Admiralty would be spared having recourse to civilians to conduct an investigation—as on a recent occasion.

When we find that for two centuries French naval medical schools have existed at Brest and Rochfort—the good influence of which upon the naval service of France is undoubted,—it must be a matter for regret that England should be behindhand in anything which can tend to increase the efficiency of her fleets and the well-being of her sailors. We have every confidence in the anxiety of the present Director-General to forward in every way the prosperity of his department; and we only hope that the present political tendency to general "disestablishment" may not so completely thwart his efforts as to render them abortive.

Medical Annotations.

"Ne quid nimis."

CLINICAL TEACHING.

AT the commencement of the summer session, when students, freed from the more absorbing lectures and dissections of the winter, are preparing to throw themselves with energy into the work of the hospital, it may not be amiss to direct attention to the views of one of the greatest masters of clinical teaching, who has but recently passed away from his labours. In the introduction to his Clinical Lectures (the second volume of which, translated by Dr. Cormack, has just been issued by the New Sydenham Society), Prof. Trousseau enters at length into the question of clinical teaching and learning, and at the very commencement delivers a protest against that snare of modern times—that clinical study should be deferred to the close of the curriculum. "From the day on which a young man wishes to be a physician, he ought to attend the hospitals. It is essential to see—to be always seeing—sick persons." Equally, of course, the surgeon should see surgical cases;

and yet, within the week, whilst watching an important operation in a London hospital, we overheard the conversation of the neighbouring students, and it turned—heaven save the mark—upon the nature and botanical characters of "Solomon's seal," and the difference between exogenous and endogenous formations!

Trousseau passes by the botanists, however, to deprecate a too extensive study of chemistry, unless it were "for the purpose of convincing the student of the vanity of the pretensions of the chemists who believe that they can explain the laws of life and of therapeutics, because, forsooth, they know the nature of some of the reactions which take place in the living body." He protests against a student being distracted with accessory studies, "at the sacrifice of physiology, clinical instruction, and therapeutics—the subjects without a knowledge of which no man can be a physician." The difference between the mission of the clinical teacher and that of the systematic professor is also carefully pointed out. The latter classifies symptoms and remedies, and draws an exact, well-defined picture, perfect in all its details. The former takes the case as he finds it, and shows how it differs in some respects from the classical description of the lecture-room, and upon what those differences depend. Never were truer words uttered than that "when the pupil has finished reading a treatise on medical pathology he fancies himself already a physician; but when confronted with a patient he experiences the strangest embarrassment, and soon finds out that he has no ground to stand on."

In speaking of the physical examination of patients, Trousseau alludes in the warmest terms to the aid the clinical professors derived from the labours of younger teachers—the *agrégés* of the faculty—who do the drudgery of giving instruction in the art of auscultation. This is a department sadly neglected in England, where private teaching is always opprobriously termed "grinding," and but little opening is given for the younger members of the profession to distinguish themselves in a legitimate manner. In speaking of the examination of patients, he lays the greatest stress upon gentleness and kindness of manner; and says, "It is quite possible to make with the most perfect chastity investigations which seem to be the reverse of chaste; and provided they are useful, especially when they are so regarded by the patients, they are acceded to, and often even with gratitude. This is not a question of prudery, but simply one of good breeding. Bear in mind that the physician's chance of success in his difficult career is all the greater the less he forgets, in his intercourse with patients, those rules of propriety which constitute the appanage of a good education."

We have not space to touch upon Trousseau's remarks on medical nomenclature, and the absurdity of torturing the Greek language and heaping up learned solecisms; nor upon his estimate of the statistical method as applied to disease. We would only strongly recommend both teachers and pupils of the art of healing to read the lectures for themselves; and would reiterate the cry, "For mercy's sake, gentlemen, let us have a little less science and a little more art!"

THE CARE OF THE WOUNDED IN BATTLE.

THE International Conference of the Association for the Care of Sick and Wounded Soldiers which was lately held at Berlin terminated its sittings on the 27th ultimo. The Queen, Crown Prince, and Crown Princess were often present at the meetings of the delegates. A great many matters bearing upon the subject were discussed. Probably the best among the suggestions which were read was one by the eminent Berlin surgeon, Prof. von Langenbeck, to the effect that medical and surgical assistance during times of war should be made truly international, and that each of the neutral powers should despatch a certain number of their military medical staff to the theatre of war, in order to take part and assist in the medical and sanitary arrangements. By this means the belligerent armies might have their own medical staff supplemented by surgeons accustomed to hospital administration in the field, at the same time that these officers would be reaping all the benefits and experience of the varied systems and details pursued by different nations. Numerous inspections took place of the hospitals, hospital tents, ambulance waggons, and other medical appliances. Prof. Longmore was present as the medical representative for our Government; and he speaks, we understand, in the warmest terms of the hospitality and kindness accorded to him on all sides, and particularly by Profs. von Langenbeck and Virchow and the other professional celebrities of Berlin, as well as by the medical officers of the Prussian army. It is proposed to hold the next conference of the International Association at Vienna in 1870. The belief, which appears to be so widely prevalent on the continent, that war will sooner or later arise out of the present condition of things, is an additional reason why the Association should mature its plans with as little delay as practicable.

THE CENTRAL LONDON DISTRICT SCHOOL AT HANWELL.

THE enormous difficulties which are presented by the congregation of large numbers of pauper children are well shown in the case of Hanwell, where nearly 1000 children drawn from the very lowest ranks of the City are housed in a building in one of the most delightful and healthy situations it is possible to conceive. No expense has been spared in the arrangement and construction of the establishment. The school-rooms, work-rooms, bed-rooms, &c., are artificially warmed. The play-grounds have been paved with Yorkshire flags to obviate the possibility of dirt and dust. The diet is rich in quantity and quality; the clothes are unexceptionable, and there is a paid officer to every dozen children. Yet the institution can scarcely be described otherwise than as an expensive machinery for patching up unhealthy material. Twenty-two per cent. of the children admitted require to be sent at once to hospital; and there are few indeed who could be fairly entered as perfectly clean and well. Every van-load of children, therefore, needs to be kept separate until all fear of the development of contagious disease is at an end. If the children are not infected before their admission to the workhouses, they are liable to become so in their journey to the school; and it is obvious that the large size of the establishment and the number of admissions make it all but impossible to exclude disease. It is no wonder, therefore, that there is always a large number of ophthalmic cases in the hospital. On the 1st of May they numbered fifty-eight, mostly of a form which, if not contagious at the moment, are liable to assume that character. On examining the eyes of the children in the schools, it was found that a very considerable proportion presented traces of granular ophthalmia; and were it not that every child is inspected daily by an officer, and every serious case at once removed to hospital—often to the number of five or six per day,—the disease would undoubtedly become epidemic in the school. It not unfrequently happens that inflammation is excited by a bit of dust or sand, or by a draught of air, and which, if not attended to, would become at once contagious. Although the children often remain in the institution several years, a low stature and generally defective development are the chief obstacles to their success in after-life. Not long ago a naval officer offered to

take 150 of the boys; but, upon careful examination, only three were found to fulfil the conditions of ordinary physical health. We would refer the public to the evidence of Sir John M'Neil, now being given to Parliament, as to the different results of boarding the children out in twos and threes; and to a *résumé* of the arguments in favour of the system in a paper by a "Special Butterfly" in last week's *Woman's World*, from the pen of Mrs. Briggs. We believe it to be utterly impossible to congregate pauper children in large numbers with success.

A WONDERFUL BIRTH AND A WORTHY ACCOUCHEUR.

WE read in a provincial paper a long account of the birth of triplets. The event is the subject of a leader. But it is not so much the triplets which seem to have provoked the eloquence of the writer, as the accoucheur. "The doctor," we are informed, "who had the pleasant task of delivering this triple birth is a well-known accoucheur, and has been remarkably fortunate in obstetric art." Dr. W. H. Miller, the medical gentleman referred to, "has delivered over two hundred births (*sic*) within a very short period, and, strange to say, he has never had the death of a mother in all that number." We should at once proceed to pity Dr. Miller as being unfortunate enough to have an editorial friend who knows little more about taste than he does about writing English, but that the subsequent portion of this remarkable article gives particulars which it is difficult to conceive of as supplied by any other person than the doctor himself. "There have been five instances of twins and one of triple birth, numbering in all thirteen children in five births, in Seacombe and immediate neighbourhood. Out of this number eight children are now alive, and out of this eight seven were delivered by Dr. Miller, one only of his delivery having died, while five out of the other six delivered by other medical men died." After this, can the writer be hardly judged for saying, "A success so extraordinary evinces medical skill of a remarkable kind," &c. &c. The worst of such qualities is, they excite jealousy, as the writer points out; and such an obstetric prodigy does not escape this experience even at Seacombe, "but he has invariably despised these spiteful impediments, and gained the confidence of an extensive connexion, which keeps increasing."

INDIAN MEDICAL SERVICE.

INSPECTOR-GEN. OF HOSPITALS W. A. GREEN, honorary surgeon to her Majesty, has been permitted to retire from the service on a pension of £550 per annum, with the additional payment of £350. The appointment of a second inspector-general in Bengal will no longer be retained. It has been, we are glad to learn, at the same time notified that, with the view of meeting the cases of those medical officers high in the department, whose prospects may be immediately affected by the above modification of the present arrangement, her Majesty's Government has consented to the grant, specially, of the additional pension of £350 a year in two cases, at intervals of five years each (commencing from the date on which the second inspector-general is absorbed) to those of the deputy inspectors-general, who may have served as such for five years, whom the Government of India may select, and the Secretary of State approve; the selection being made with reference to the professional ability and character which the officer may have displayed in the course of his career, especially in the administrative grade. This arrangement will, we believe, be satisfactory to the service, and will offer an incentive to exertion in the higher ranks of it, which has hitherto been wanting.

SHEEP-POX.

THE alarm excited among farmers by the recent landing of sheep infected with sheep-pox at Harwich and in the port of London, is well illustrated by the proceedings of an influential meeting held at Aylesbury. There were present at the meeting many of the largest sheep-farmers in that district; and all concurred in expressing distrust of the sufficiency of the measures taken by the Government for the protection of the home flocks. The feeling of the meeting was strongly, if not unanimously, in favour of the establishment of separate markets for foreign cattle and sheep, and of slaughtering all the animals there. In this way only, it was urged, could the safety of the home flocks be ensured. More than one speaker spoke of the dissemination of the "foot and mouth disease" among English flocks by the passage of English animals through the same markets used for foreign animals, among which latter the epizootic was prevalent.

UNIVERSITY COLLEGE HOSPITAL.

THIS hospital, as we learn from the annual report just issued, is in a fairly satisfactory pecuniary condition, but presents certain peculiarities which distinguish it, and deserve a brief notice. In the statement of income for 1868, which amounted to £13,672 11s. 9d., we find that no less than £1469 14s. was received on account of fees paid by students for clinical instruction—i. e., the medical officers of the hospital gave up to the charity nearly £1500, which of right belonged to themselves. It might be supposed that this was some unwonted effort, induced by charitable impulses dependent upon special circumstances; but this, we learn, is not the case, and it appears that ever since the foundation of the hospital—now more than thirty years ago—successive generations of medical officers have given up their fees to the support of the charity. This is another feature of gratuitous medical service which has, we believe, no counterpart elsewhere, since at the sister College, though no doubt a certain proportion of the clinical fees goes towards the support of the hospital, the physicians and surgeons have never given up their entire receipts. It is time, we think, that this state of things should be put an end to, but of course this is a matter which must be left in the hands of those most immediately concerned.

The other peculiar feature of University College Hospital is its possession of a large "Samaritan Fund," due to the liberal bequests of Mr. Yates and Mr. J. T. Robinson; and this enables the authorities of the hospital to afford assistance to really deserving cases, of a kind not usually contemplated in hospital management. Thus, besides subscribing largely to the convalescent hospitals at Eastbourne and Walton, the Committee is able to give the medical officers the power of supplying both in- and out-patients with such trusses, elastic stockings, orthopædic apparatus, &c., as may be necessary; the recipient contributing, if able, towards the expense incurred. This is a very important matter, and must render the treatment of surgical out-patients eminently satisfactory. Scarcely less useful are the subscriptions to the "Invalids' Dinner-table" in Woburn-buildings, which enable the recipient of an order signed by an out-patient officer to obtain for the sum of 2d. a very nourishing and satisfactory meal. This privilege is of course used with due parsimony and selection of appropriate cases, but it appears from the report that 5500 dinner tickets have been issued, at a cost to the fund of £170. Quite recently, on the recommendation of the medical officers, arrangements have been made for their issuing orders for new milk for sick children; and those who know how London children pine for want of genuine "milk from

the cow" will best appreciate the benefits thus conferred. Out of the Samaritan Fund, also, a nurse is maintained for the maternity department of the hospital, to visit and nurse among the out-patients. Money grants, too, are made to special cases of distress, after careful investigation, either among patients leaving the hospital unable to resume their work, or to assist the families of patients while they themselves are in hospital. This last form of relief is, we presume, based on the ground that serenity of mind is necessary for recovery, and that a labouring man's mind can scarcely be at rest when he knows his family to be starving. And yet, with all this, we find a handsome amount in hand, so closely balancing the sum given by the medical officers to the charity itself that we wonder it has not been suggested to make those upon whom the work of the hospital devolves the first recipients of its open-handed benevolence.

MR. DISRAELI AND HOMŒOPATHY.

A COPY of the *Western Morning News* has reached us, in which is an account of the annual dinner of the London Homœopathic Hospital, Lord Elcho presiding. His Lordship, according to the writer, said that it was alleged—he could not say with what truth—that Mr. Disraeli, in his late attack of gout, had been enabled, through homœopathic treatment, to put in an appearance and take part in the discussion on the Irish Church. Perhaps it is so; Mr. Disraeli is capable of so many different faiths that it is not incredible that he should have passed through a homœopathic phase. As good allopaths, we can only associate the very homœopathic success which he has lately had in Parliament with the statement of Lord Elcho. We hope Mr. Gladstone is duly thankful for Mr. Disraeli's medical apostacy. It is conceivable that if his right honourable opponent had only been properly treated, and the gouty disorder of his system rectified, the whole complexion, not only of Mr. Disraeli, but of parties, might have been altered, the huge majorities in divisions reversed, the Irish Church saved, and the light of the Reformation kept burning for centuries yet to come in Ireland. We warn Mr. Gladstone against relying too much on the continuance of this aberration of Mr. Disraeli's medical intellect. He is too acute a man, and has too keen a sense of the humorous, to take many globules. And if the great Irish operation is not completed soon, scientific medicine may regain its place, and the leader of the Opposition may again rally and revive his dispirited ranks.

MR. HOLMES COOTE ON HOSPITALS.

THE cause of hospital reform has found a new champion in Mr. Holmes Coote, who has written to *The Times* an able and suggestive letter upon the subject. Its most curious feature, however, is that the writer exhibits no knowledge that the point has been mooted before; and appears to think that he has discovered a new grievance. Rip van Winkle did not display more complete unconsciousness of current events than the opening sentence of Mr. Holmes Coote's communication, which runs as follows:—"If we are to credit the returns made to that very respectable publication, the *Medical Directory*, London must be oppressed with one of the largest sick pauper populations ever recorded in history."

The remaining paragraphs are chiefly occupied by a repetition of the facts and arguments with which our own readers and those of *The Times* have already been made familiar; but to these is added the ingenious idea, well worthy of the attention of philanthropists, that "a little more organisation would suffice for the gratuitous medical relief of the entire population—namely, all the sick, high and low, in this metropolis; a proceeding which would be attended by a great measure of domestic financial relief—viz., the total abolition of medical fees."

We hail Mr. Coote's letter with much satisfaction—the more so since it appears to show that he does not read newspapers, and that he has arrived, by independent observation and reasoning, at conclusions almost identical with those which we have ourselves expressed. He is followed in *The Times* by another correspondent, Mr. Lambert, the Vicar of St. Mark's, Whitechapel, who advocates the payment of a registration fee by hospital patients, and who also appears to be unconscious that his excellent suggestion is not absolutely original. Mr. Lambert falls, however, into one serious error. He says that many of the respectable poor "go to hospitals and dispensaries, *only because the advice there is better than they can obtain from local practitioners.*" From this dictum we dissent entirely. It is, of course, possible that the local practitioners might, in exceptional instances, be better than they are. But it is difficult to believe that their practice can be worse than the perfunctory routine into which the present system of out-patient work is apt to degenerate.

THE SOUTH-WESTERN PROVIDENT DISPENSARY.

WE have received an account of a preliminary meeting, held on the 29th ult., and presided over by Dr. Aldis, for the purpose of establishing the above-named institution. After some remarks by the chairman on the necessity for such an institution in the district, and to the effect that its establishment could not be considered antagonistic to any of the charitable institutions already existing, but would rather serve to relieve their funds from the claims of persons willing to assist themselves as far as they could, the following resolution was proposed by Mr. Scott, seconded by Mr. Bicknell, and carried unanimously:—

"That, in the opinion of this meeting, it is desirable to establish a provident dispensary, to be called the South-Western Provident Dispensary, and that the gentlemen whose names are on the prospectus before this meeting constitute the medical staff."

A treasurer, secretary, dispenser, and collector were also nominated, and certain subscribers elected as members of a Managing Committee, with power to add to their number.

The institution introduces what is, we believe, a new rule—namely, that governors may recommend patients, but that the person so recommended will still have to pay a small fee (one shilling) for one month's advice and medicine. The governor receives eight recommendations for a guinea, so that 3*s.* 5*d.* per month is the rate of payment for a sick person not himself subscribing in the regular manner. The experiment thus tried is in accordance with a principle we have often asserted, and we shall watch the results of its application with much interest. The abuse of the Dispensary by patients is checked by the rule that those only are eligible who are not liable to pay income-tax. We are not aware whether there is any provision to prevent its being abused by the attending medical officers. They are as yet only three in number; but we hope that facilities are afforded to any other practitioners who may be desirous to join in the work. Where this is not done, a provident dispensary is apt to become a formidable weapon in the hands of a small number of men, and a serious injury to their rivals or competitors in practice.

ROYAL NAVAL HOSPITAL, HAULBOWLINE.

WE are glad to learn from the *Army and Navy Gazette*, that the naval hospital at Haulbowline—the only naval hospital in Ireland—has recently undergone enlargement

and alteration, by which its condition has been much improved and its sanitary efficiency increased. Our contemporary concludes its article upon the subject with the following remarks, in which we cordially concur:—

"It is worthy of remark, also, that the duties are conducted without a captain-superintendent, an agent, or an established clerk, the principal medical officer being responsible for the duties of agent and storekeeper, which he discharges with the assistance of a steward. To Dr. Bryson is due the credit of this economical arrangement, which, if he had had the power of extending to Haslar and Plymouth, would have made these institutions more efficient and less costly, and his department would not now be affronted by a commission of inquiry, which, for lack of any knowledge of the service, may lead to extravagance by rendering sullen and discontented the only officers of an hospital who have the power of economising supplies—viz., the medical officers."

THE HARVEY MEMORIAL.

IT may possibly not be remembered by many of our readers that Harvey, the discoverer of the circulation of the blood, was a native of Folkestone; that he was baptised in its parish church, and that his mother was buried there. No memorial of Harvey exists, although we learn that it was once proposed to erect a monument to him. A very favourable opportunity now offers itself for perpetuating the remembrance of the immense service which his discovery has conferred. The parish church of Folkestone is about to undergo restoration, and it is proposed to reopen an east window, probably blocked up soon after Harvey's decease, and to insert one of stained glass representing some appropriate scene from the life of our Saviour, and bearing an inscription referring to Harvey and his discovery. We have great pleasure in calling attention to the subject, and aiding the promoters of such an object by giving it all the publicity in our power. Subscriptions may be paid to the Honorary Secretary to the Harvey Memorial Fund, through the Provincial Bank, Folkestone.

THE ROYAL SOCIETY AND THE METEOROLOGICAL GRANT.

IT was to be expected that the remarks which the Chancellor of the Exchequer some time ago addressed to the deputation from the Meteorological Society of Scotland would, in so far as they had reference to the Government grant of £10,000 per annum for meteorological purposes, provoke a reply from the Royal Society, which was supposed to be responsible for the proper application of that grant. Certain well-known influential Fellows of the Society, indeed, lost no time in requesting the President and Council to instruct the public as to the true position of their body in regard to the grant, and that request has been responded to by a letter from Dr. Sharpey, the secretary, in which the correct state of the case is clearly set forth. From Dr. Sharpey's letter, and from a lecture delivered last week at the Royal Institution by Mr. R. H. Scott, the director of the Meteorological Office, we gather that the £10,000 voted annually for meteorological purposes "never passes into the hands of the Royal Society." On the death of Admiral Fitzroy the Government consulted the Society as to the best course to be adopted, and the Society recommended that a Scientific Committee should be appointed to conduct the study of meteorology on a systematic plan. At the further request of the Government the Society agreed to appoint a Committee to superintend the work, and it is in the nomination of that Committee alone that the whole and sole connexion of the Society with the grant exists. All the expenditure connected with the Meteorological Office is regulated by its own committee of management, who report directly to the Board of Trade.

The Royal Society is naturally jealous of its dignity and independence, and it is satisfactory to know that the impression, generally entertained, that it had become a recipient of public money, has no foundation in fact. As to the £10,000 spent by the Meteorological Office, we have no reason to doubt that it is well bestowed; but that it is bestowed at all makes it the more difficult to understand why some portion of it, or of an additional grant, should not go to those meteorologists, both in England and Scotland, whose labours are so largely drawn upon by the Government for the purpose of the official returns relative to the public health, which add so much to their value and interest.

THE "TORPID GIRL" IN SOUTH WALES.

As our readers are fully aware, we expressed our opinion rather decidedly as to the nature of the above mystery on its first appearance in the local papers, and we took occasion to reiterate it last week. Of course we incurred no little animosity on the part of credulous people who love mysteries, and dislike being pooh-poohed by sceptical doctors full of prejudices. Because we ventured to say that, to our minds, the only strange thing about this "strange case" was the fact that educated people could be found ready to believe it, we were treated with the old stage properties, which invariably obtain an airing on these occasions, and Galileo, Harvey, and the rest of them were disinterred to read us a lesson of humility.

Stories similar in kind to that in Wales have not been very rare; and if the heroines succeed in drawing grist to the mill to the tune of £50, we may expect them to be as plentiful as blackberries. The chairman at the Petty Sessions appears to have formed a very decided opinion on the subject of the alleged fasting, which he offered to express if the parents wished him to do so—which the parents *didn't*.

"A charge of assault was preferred by the parents of Sarah Jacobs, the girl in Carmarthenshire who is said to have abstained from food or drink for the last seventeen months, against Pearson Hughes, M.D., of Llandovery, at the Llandyssul Petty Sessions. The mother of the girl stated that, on the 11th of March last, the defendant and two others came to her house and went into the parlour, where the girl slept. Dr. Hughes stripped the girl, and held a stethoscope to her breast, and stopped her breath. Defendant then asked when the girl was on her legs last, and also if she had any bedsores. Witness replied that she had not seen the child's back for two years, upon which the defendant pushed his hand behind the girl's shoulders, and passed it down her back, causing her to groan and rise up in her bed. Witness admitted that the child might have received as much as £50. Mr. Jones, for the defendant, said that Dr. Hughes regarded the affair as the greatest hoax that was ever perpetrated, and submitted that the mother had given her consent to the examination, a fact that was proved by the woman having accepted money. The Bench dismissed the charge, the Chairman remarking that his own opinion on the subject of the alleged fasting was very decided, and he would express it if the parents wished him to do so."

AMENDMENT OF THE PHARMACY ACT.

THE Pharmacy Act (1868) Amendment Bill, brought in by Lord Robert Montagu, passed through committee on the 29th ult., certain satisfactory amendments having been made on the motion of the Lord Advocate. The main clause, in its first part, stands thus: "Nothing contained in the first fifteen sections of the recited Act (these refer to the rules for keeping, dispensing, and registering the sale of poisons) shall affect any person who has been registered as a legally qualified medical practitioner before the passing of this Act; and the said clauses shall not apply to any

person who may hereafter be registered as a legally qualified medical practitioner, and who, in order to obtain his diploma for such registration, shall have passed an examination in pharmacy." It will be seen from this that the disputed point affecting the general practitioners of the country will now be set at rest, and that the latter will not be subject to any interference in supplying medicines as heretofore to their patients. A second clause in the Bill removes the grievance under which assistants have laboured, by declaring that *any* three years' service as assistants to chemists and druggists prior to the passing of the Act of 1868 shall be deemed sufficient to entitle them to present themselves for the modified examination. In the original Bill it was necessary that they should have served the specified three years *immediately* prior to the Act passing. The time for making application to be registered is to be extended to the 31st of December, 1869. Dr. Brewer has given notice of certain amendments, but we hope he will discover that they are based upon an erroneous reading of certain clauses of the Act, and are quite unnecessary. The Bill as it now stands is satisfactory, and we believe that it will soon become law without any further change. The Lord Advocate is to be commended for the share he has taken in the matter.

THE POOR-LAW BOARD AND THE WORKHOUSE MEDICAL OFFICERS.

WE published a few weeks back the text of a memorial from the Workhouse Medical Officers to the Poor-law Board, relating to the new duties imposed upon them by the general order of the Board dated April 4th, 1868. On Monday last a deputation waited upon Mr. Goschen, by appointment, in the tea-room at the House of Commons, to present the memorial, which had received the signatures of no fewer than 122 workhouse medical officers. The deputation consisted of Dr. Lyon Playfair, M.P., C.B., by whom it was introduced, Dr. Brady, M.P., Sir John Gray, M.P., Dr. Lush, M.P., Sir George Jenkinson, Bart, M.P., and Drs. J. Rogers and Dudfield. The questions raised in the memorial were fully discussed, the President of the Poor-law Board giving a patient and courteous hearing to the facts brought before him. At the conclusion of a lengthened interview, Dr. Playfair thanked the right honourable gentleman for his kindness in receiving the deputation, the members of which were much gratified by his evident knowledge of, and interest in, the subject.

THE UNIVERSITY OF LONDON.

THE annual meeting of Convocation will be held on Tuesday, the 11th of May, at 5 o'clock, in the new building in Burlington Gardens—that is, the day preceding that on which the conferring of degrees will take place. In their Report, the Annual (which it is proposed shall be in future styled the Standing) Committee, refer especially to the subject of secondary education, calling attention to the 56th clause of the Endowed Schools Bill, which relates to the formation of the proposed Education Council, and provides that the Council shall consist of twelve members, two being elected "by the Congregation of the University of Oxford," two "by the persons whose names are on the electoral roll of the Senate and University of Cambridge," two "by the Senate of the University of London," and the remaining six being "nominated by Her Majesty with the advice of her Privy Council." The Committee remark that, should this proposal become law, it will be another important practical recognition of the right of this University to be "placed on a footing of equality in all respects with the older Universities;" it will add greatly to the influence exercised by the University upon the general education of the country, and will thus enable it powerfully to promote educational improvement and extension. In view of the approaching completion of the new building, the Committee recommend to Convocation that it is desirable that the opening of the New University Building should be celebrated by a public ceremonial; and that the Annual Committee should communicate with the Senate thereon, and take such action in concert with the Senate as may be deemed expedient.

At the meeting of Convocation, amongst other things, Dr. Hearne will move, "That it be referred to the Annual Committee to consider whether it would not be conducive to the interests of the University to abolish the existing regulations restricting admission to the examinations for medical degrees to the students of certain specified medical schools," which means, in other words, that anyone should be allowed to present himself for examination—even the highest—at the University without any restrictions.

ST. LUKE'S HOSPITAL FOR LUNATICS.

WE have received the Reports of the Committee and of the Medical Officers of St. Luke's Hospital for the year 1868, as presented to the governors at the last annual meeting. It was only one or two days before the meeting, and therefore at a time when the Reports must have been already prepared, that the state of the institution was complained of in the public papers, and excited general remark. The Reports are wholly silent on all the points that have lately been brought into prominence, and are, indeed, chiefly remarkable as good examples of the art of saying nothing, and of saying it with praiseworthy brevity.

THE ROYAL SANITARY COMMISSION.

WE learn on the best authority that the Royal Sanitary Commission recently instituted will direct its attention principally to the simplifying and codification of the laws relating to sanitary matters, which are at present in a state of utter confusion. For this purpose a vast amount of legal and official evidence must necessarily be taken; but it is not intended, we believe, to undertake any original investigation of a medical character, further than that involved in the question of inspection by qualified and trained sanitary officers, which it must be generally acknowledged is at present of a most defective character.

VACCINATION.

THE MARQUIS TOWNSHEND has obtained a first reading in the House of Lords for a Bill to amend the Vaccination Acts, by requiring every vaccination officer, under a penalty of £5, to affix conspicuously in the room or place where vaccination is performed, "a certificate, signed by two legally-qualified medical practitioners, that the variolous matter used by him has been taken from a healthy person or child, whose name, address, and age, shall be accurately stated in such certificate." The second reading of this Bill is fixed for the 24th of June.

CHOROIDAL PIGMENT.

THE choroidal pigment of various animals has recently been investigated by Dr. A. Frisch, with very high microscopic powers—No. 15 of the Hartnack immersion lenses. He finds in the interior of the six-sided cells, and also in the more irregularly shaped cells which form sheaths for the elements of the bacillar layer in many animals, minute crystalline bodies with sharply defined borders and angles, and usually of a somewhat elongated form. If the pigment be not examined until some time after the death of the

animal, the angles and edges become more or less rounded, and the form of each spicule becomes more or less spheroidal. In the interior of the hexagonal cells these bodies are all arranged perpendicularly to the general plane of the retina, and present a remarkably symmetrical arrangement. In the long pigment sheaths of birds, the pigmentary corpuscles are rod-shaped, and lie in regular series one behind the other, the crystals of the successive series cohering by their points. Dr. Frisch was also able to discover, with the aid of a Nicol's prism, that they possess the power of doubly refracting light.

EARLY HISTORY OF CHOLERA IN INDIA.

AN extremely interesting pamphlet on the early history and seats of cholera in India and in the East has just been published by Inspector-general Dr. Macpherson. It is supposed by most persons that cholera began to make its appearance, at least in an epidemic form, in India, about the early part of the present century, but it is quite clear that it showed itself in one of the first campaigns of Europeans in India in 1503. The Portuguese found it in the country, and it is probable that under the name of "Mordeshi" it has always prevailed there. The first undoubted great epidemic within the period of European intercourse with India, Dr. Macpherson thinks, took place at Goa in 1543, and the disease was widely diffused a century later in Java, Arabia, and Morocco. There was a period of quiescence of the disease in the early part of the eighteenth century; then a great outburst after 1786, which lasted thirty years, and was followed by a period of comparative quiescence till 1817, since which time it has been more or less active and ubiquitous in India. Dr. Macpherson further states that extravagant importance has been attached to the Gangetic valley as a generator of disease, Bengal being the part of India in which no accounts of the very early prevalence of cholera have been discovered.

MEDICAL BENEVOLENT FUND.

AT a special general meeting of the subscribers, held at Mr. Churchill's, on Tuesday, April 27th, Mr. Jonson in the chair, the laws as recently amended were adopted, and ordered to be printed with the report for 1868, which is about to be issued. Edgar Barker, Esq., was elected a vice-president. At the Committee meeting held immediately afterwards, Dr. Broadbent, the late hon. secretary, was unanimously elected an honorary life member, in recognition of the great services he has rendered to the Fund during the past four years. Twelve cases of distress were presented, and the sum of £95 was granted for their relief.

INQUESTS IN WORKHOUSES.

AT an inquest held on the body of William Miles, a prisoner in the House of Correction who had died from inflammation of the lungs, Dr. Lankester commented on the liberality with which the prisoner had been treated in the prison hospital. He was allowed four glasses of port wine daily, brandy, beef-tea, eggs, mutton, fish, and anything he fancied. The coroner said he wished he could say that the paupers were treated as well as the prisoners; but the paupers would not be treated better until inquests were held on everyone who died in the different workhouses. We desire to lose no opportunity of endorsing the coroner's opinion. We believe an arrangement might be made for the attendance of a jury at large workhouses twice a week, at which the circumstances of every death should be inquired into previous to burial. We should not then hear of medical officers being reproved for courting publicity for neglectful nursing, or of attempts to hush up the particulars of sudden or disgraceful death.

MR. ROBINSON, M.R.C.S., late of Charing, in Kent, and now of Ditchling, has received from his old friends and patients a most handsome mark of their esteem, in the presentation to him of a valuable gold watch, chain, and locket, a massive silver salver, and a set of silver fish knives and forks, in a handsome case. Accompanying these substantial tokens of goodwill was an address, signed by about four hundred persons, a large number of them being labouring poor, expressive of their gratitude for Mr. Robinson's past services, and good wishes for his future welfare.

THE registrar of Ruthin, in North Wales, reports to the Registrar-General that typhus fever is prevalent in his district. He adds that the local board of health has dispensed with the services of a nuisance inspector for the last three months.

THE nineteenth anniversary festival of St. Mary's Hospital, Paddington, was held on Thursday week at Willis's Rooms, the Archbishop of York presiding. A subscription-list, amounting to about £2200, was announced during the evening.

THE guardians of the Holborn Union have unanimously resolved to have a Committee of the whole Board, with the view of conferring with the district medical officers as to the immediate introduction of the dispensaries provided under the Metropolitan Poor Act.

DR. HENRY TRIMEN, F.L.S., has been appointed assistant in the Botanical Department of the British Museum. This appointment, though offering great opportunity for botanical investigation, withdraws its holder from medical practice. Dr. Trimen is, we understand, permitted to retain the Lectureship on Botany at St. Mary's Hospital.

OUR contemporary, the *Saturday Review*, of the 1st inst., contains a very temperate and clear statement of the arguments in favour of the extension of the Contagious Diseases Act to the civil population, and an able criticism of and reply to those put forth in a recent pamphlet entitled "The Prevention worse than the Disease."

THE President of the College of Surgeons in Ireland, Mr. Porter, gave his second official dinner at his residence on Tuesday last, upon which occasion he entertained the Examiners upon the several Courts in the College of Surgeons, together with some other of the leading members of the profession.

THE Queen has been pleased to appoint Dr. Andrew Inglis, F.R.C.S. Edin., to be Professor of Midwifery in the University of Aberdeen.

DR. HUMPHRY, Professor of Anatomy, has been elected an Honorary Fellow of Downing College, Cambridge.

THE usual monthly meeting of the Metropolitan Association of Medical Officers of Health will be held at the Scottish Corporation Hall, Crane-court, Fleet-street, on Saturday, the 15th inst., at 7.30 P.M., when a paper will be read by Dr. B. W. Richardson, F.R.S., "On the Registration of Disease in England."

WE understand that Dr. Hoffmeister, as on former occasions, attends the Queen during her visit to Balmoral which will take place in the course of the present month. Sir William Jenner will remain in London during the season.

THE "ROYAL SOCIETY OF MEDICINE."

MEETING OF THE MEDICAL AND CHIRURGICAL SOCIETY.

AN important meeting of the Fellows of the Medical and Chirurgical Society was held at the Society's rooms on Monday evening last, to consider certain resolutions which had been prepared by the Council, relative to the formation of a Royal Academy of Medicine. The resolutions, which were twenty in number, embodied a scheme for the constitution of the proposed Society.

The meeting was a very large one, and amongst those present were Dr. Burrows (president), Dr. W. Ogle and Mr. Gascoyen (secretaries), Mr. Curling, Dr. West, Mr. Charles Hawkins, Dr. Chambers, Dr. Pitman, Dr. Robert Lee, Dr. Barnes, Dr. Tyler Smith, Dr. Wilson Fox, Dr. Routh, Mr. Solly, Mr. Erichsen, Mr. Callender, Mr. Cooper Forster, Dr. Stewart, Dr. Althaus, Dr. Sansom, Mr. Henry Lee, &c.

The proceedings were opened by the PRESIDENT, who said: The Council of the Society have thought it right to summon you to-night to a general meeting, in order to take into consideration a scheme which they trust, if adopted, may prove beneficial to the commonwealth of scientific medicine, and to the advantage of the various Societies pursuing different branches of medicine. I think, gentlemen, most of us agree that it would be very much to the benefit of all, if some scheme could be devised which might bring the various medical Societies of the metropolis into closer union, so that they might act together, so that they might co-operate for any common good; provided that in such an organisation the independence, the individuality, and I may say the autonomy of the different Societies should still be preserved. I think it must be clear to all that, from an economical point of view, great advantages would arise if the various metropolitan Societies could have one common hall or institution, where they could meet together, where they could hold their usual weekly or monthly meetings, and where a library upon a larger scale even than that possessed by our own Society, could be opened to those who are members of the different medical Societies of the metropolis. The scheme which is before this meeting originated in the Council of last year, and a committee was formed out of that Council, which took some pains in elaborating the details of the scheme which is now before you. I trust that in the consideration of that scheme the Fellows will act in a calm, deliberate and impartial manner; that they will not look at it in a narrow, sectarian, or sectional spirit; but that they will look at it in a broad and liberal spirit, and say whether such a scheme as is here propounded might not contribute very materially to the common weal of all men who are pursuing scientific medicine. I shall say no more on the subject, except to recommend it to your consideration, so that either the Council may be supported by the Fellows, or the Fellows, by their mature judgment, may state that they are not willing to go into the scheme.

Mr. SOLLY, to ascertain whether the Fellows were willing to consider the scheme, proposed, in the words of the preamble to the resolution, "That steps be taken to secure the union of the various Societies now existing in London for the cultivation of special branches of medicine and of the allied sciences." Having been one of the active promoters of the scheme, he need not say that he felt it would be desirable, and he trusted that it would meet with a careful consideration.

Dr. PITMAN, in seconding the resolution, reminded the Society that in 1860 a similar proposition was brought before the Fellows, and met with their entire approval. That proposition was, "That it would be to the advancement of medical science were the Royal Medical and Chirurgical, the Pathological, the Epidemiological, and the Obstetrical Societies united under one head, and these different branches of medical science carried out in corresponding sections of one Society." Within the last twenty years a large number of Societies had originated outside the Medical and Chirurgical Society, to carry out the very objects for which their own Society had been founded in 1805, and incorporated in 1830. The result had been very damaging to that Society, for both the number of the Fellows had diminished, and the attendance at the meetings had fallen off materially. The present Transactions, in the opinion of competent judges, could not stand side by side with those published fifteen or twenty years ago. With respect to the number of the Society, during the first ten years after its incorporation, an increase of 110 had been added to the Society. During the next ten years only 88, and during the last ten years there had been an increase of only 32 resident members, their number being 328 in 1859, and 360 in 1868. The attendance at the meetings twenty years ago during the session was 1456, but during the last two years had only averaged 983, and the decrease in the attendance had been steady and gradual, year by year. This was the result, he believed, of the formation of the other Societies, which offered to their members, for a much lower subscription, nearly all the advantages which the Medical and Chirurgical Society could offer. The reason why the last scheme failed was that the Council commenced by inviting the Societies to consider a scheme before it was submitted to that Society. The representatives of the various Societies having unanimously approved the principle of amalgamation, the question was referred back to the Council to see if they could not propose some scheme by which it could be carried out. They found, however, that this could not be done without a new charter; and though the Epidemiological Society gave great encouragement by its reply, the Obstetrical and Pathological Societies were much more guarded in their answers; and the Council, whether timid, or afraid of the expense of a new charter, decided that it was not advisable to carry out any scheme which would involve the application for a new charter. The Obstetrical Society then withdrew, stating that they had no scheme before them on which they could give an opinion. To obviate that difficulty, the scheme now before the meeting had been prepared by the late Council and the present one, and it was quite full enough in all its details to prevent any complaint of not having put before the Society some plan by which the principle could be carried into effect. The Society seemed at present to be, as the Irishman expressed it, advancing backwards instead of forwards, and its vigour, he believed, could only be restored by the principle of amalgamation with the other Societies, so as to form one Society with separate sections, for carrying out the objects for which the Medical and Chirurgical Society had been originally founded.

Mr. CHARLES HAWKINS said that he, many years ago, had endeavoured to establish pathological evenings in connexion with their Society, and if they had been persevered with, he believed the Pathological Society would never have been founded. Nine years ago he had voted for the union of the various Societies under one head, but he could not vote for the formation of a new society, or that the Royal Medical and Chirurgical Society, after sixty-five years, should cease to exist. There were two reasons which induced individuals and corporations to change their names—the succeeding to an inheritance, and the having done something to disgrace that name. Here there was no inheritance to succeed to but a considerable loss to incur; and he had yet to learn that the Medical and Chirurgical Society had done anything to disgrace the name which the founders conferred upon it.

In answer to cries of "Question," the PRESIDENT ruled that Mr. Hawkins could not now discuss the details of the scheme when the question before the meeting was whether or not they should consider it at all.

After some further conversation, the President put the resolution that the meeting should consider the question of the amalgamation, which was agreed to unanimously.

It was then proposed to consider Clause 1 of the Scheme, which ran as follows:—"That a new society be formed and incorporated by Royal Charter, under the title of the Royal Academy of Medicine; and that this Academy comprise sections for the main branches of medicine and the collateral sciences."

Dr. GREENHOW observed that it was most essential to consider first the pecuniary relation in which the various sections were to stand to the new society itself, but was ruled to be out of order, no resolution being before the meeting.

Mr. MOORE then proposed that the Scheme, as a whole, should be adopted, and the separate clauses could afterwards be considered separately.

Mr. BRODHURST seconded the proposal.

Dr. GREENHOW moved, as an amendment, that Clause 21 should be first considered, that clause specially relating to the amount to be spent on the publication of the Transactions of each section. Other minor points, such as the name of the new society and the number of the sections, might well be left to the committee.

Mr. HOLMES seconded the amendment in order to fix the attention of the meeting on one of the individual points of the Scheme, and avoid confusion.

Mr. CURLING thought that Mr. Holmes was in danger of falling into the confusion he wished to avoid, since the Fellows had not yet resolved upon having a new society at all.

At the suggestion of the President, Mr. Moore and Mr. Brodhurst withdrew their motion, and Dr. Greenhow agreed to postpone his amendment until the adoption of the first clause was proposed.

Mr. SOLLY then read Clause 1 (given above), and moved its adoption. After great deliberation he had come to the conclusion that it would be more dignified to form a new society with a new name than to try to amalgamate the societies under the old name.

Dr. STEWART seconded the adoption of the clause. Nothing was a greater burden to medical men than the multiplication of societies, unless it were the inordinate multiplication of books. Had this Society done its duty in the past, there would not have been such a multiplication of societies, but in the present proposal the Medical and Chirurgical Society had made the *amende honorable* for its previous neglect. They could not, he thought, ask the societies to join them under the old name, and though the proposed name might not be quite English, he was willing to adopt the suggestion sent down by the Council.

Mr. CURLING had an objection to the term "Academy," because it implied a place of instruction—a place for learning the elements of a science. Again, their new Society would bear no analogy to the Academy of Medicine in Paris, which was far more select than theirs would be. He feared that Dr. Stewart would not find the number of meetings to attend diminished, since the new sections would be as numerous as the old Societies; nor, if each section published its own Transactions, would the number of books be materially lessened.

Dr. DOBELL proposed to omit the words "under the title of the Royal Academy of Medicine," and to insert the word "Society" instead of "Academy," thus leaving out for the present all discussion of the title, and considering first whether or not a new Society should be formed.

Mr. CHARLES HAWKINS said: "It is curious that the Council of one Society should call the members together to form a new one; but no formation of a new Society can interfere with the rights and privileges of the members of the Medical and Chirurgical Society. That is a corporation with perpetual succession, having the power of making certain bye-laws, and holding property, and the real basis of that charter is its name and what it has to do. Whatever name is given to the new Society, we have no objection, so long as they do not take ours. As long as there is a Fellow of the Royal Medical and Chirurgical Society who declines to give up that charter, nothing belonging to that Society can be touched. There is no taking away the charter except by an Act of Parliament, or by a petition to the Queen from all the members of the Society. There are forty life-members of this Society, and I am one of them. If the Society comes to an end, if there are no longer any annual subscribers, the whole property becomes the property of the life members. I have fortified myself with legal advice on the subject, for the propositions of the Council appeared so extraordinary that I at once took legal advice respecting them." Mr. Hawkins then referred to the analogous case of the dissolution of the Royal College of Advocates, and said that he, for one, would never consent to render up their charter, and continued: "I think it would have been wiser if you were to consult the legal adviser of the Council before proposing any propositions to this Society to bring into hotch-potch, as the lawyers call it, all our property; for you may be assured the first thing will be that a bill in Chancery will be filed against you, Sir, to restrain you from parting with any of the property of this Society. I counsel you, Sir, and this Council, to take legal advice in this matter, before you find yourselves in a position which, perhaps, you will not very much like."

Mr. Hawkins then left the meeting.

Mr. SPENCER SMITH said he should be very sorry to be one of that forty if they took up such a position as to obstruct a proceeding like that which they were now considering. He and Mr. Hawkins had worked heartily together nine years ago, and he learned, with great regret, that Mr. Hawkins intended to oppose this movement—not to form a new society, but to do away with societies, and to unite the profession under one roof, for one object. Their society seemed to be willing, by its former resolution, to abandon all its property—which far exceeded that of the other societies—library, funds, house, and property, for the mere sake of doing more good. If forty men would stand and oppose that and the rest of the Society, he was glad that he was not one of them.

Dr. WEST, though one of the unfortunate forty, begged leave to say that nothing would grieve him more than to be supposed to obstruct, for one moment, anything which would advance medical and surgical knowledge. Could he have gone entirely with the first resolution in other matters, he should certainly have seconded the amendment of Dr. Dobell to omit the name, for only in "Tristram Shandy" had he known of a babe being named before it was born. But he doubted whether the object aimed at was likely to be attained in the manner proposed. He believed it would be much to the advantage of medicine that each branch should be represented, not independently, but by societies all affiliated to some one great society, controlling, governing, and guiding the others, not by law but by influence. But it did not appear to him that anything was to be gained by the proposition before them, beyond certain economical advantages in one meeting-room and library. There was no vitality in the proposed union, which was not that of branch and stem, but rather that of a bundle of sticks tied together by a common title, whatever that might be.

Dr. ALTHAUS asked whether any opinion had been taken as to the legality of the proceedings?

Mr. HOLMES suggested that though it might be law that any one of those 360 members could oppose himself to the unanimous desire of the other 359, he thought there was little risk in taking the chance that any one man would choose to place himself in such an invidious and almost absurd position. He thought that such a union as that proposed would bind the various branches of Medicine and Surgery as tightly as it was possible to bind them, by holding out inducements to all the members of the proposed Academy to become members of as many sections as possible.

Mr. BARWELL said it was most important to ascertain whether the Fellows were willing to surrender their interest in the Society and to form another, and suggested that voting papers might be sent round to all in order to ascertain this.

Mr. CURLING seconded Dr. Dobell's amendment to discuss the formation of a society irrespective of the name.

The PRESIDENT remarked that they were quite within the law in discussing the resolutions. What answer a lawyer gives depends entirely on how a case is put to him, and he had no doubt that they could get an opinion just the reverse of Mr. Hawkins's.

Dr. DRYSDALE and Dr. SANSOM both objected to the name Royal Academy—the former because this Academy would be quite unlike that of Paris, the latter because the name might get confounded with other Royal Academies.

Mr. HEATH asked for information as to the original scheme proposed in 1860, and inquired whether it would not be possible to retain the old name, hallowed by so many years' associations.

Dr. PITMAN said that in 1860 it was not proposed to change the name at all.

Dr. BARCLAY said that in 1860 the name Academy of Medicine was discussed over and over again, and found not to be a desirable name. The other Societies then took umbrage at the retention of the old name. He thought the resolution should be modified, so as to make it clear that the new Society was simply to consist of an amalgamation of the others.

Dr. PITMAN said that in 1860 the change of name was not brought before the Society at large, whatever the Council might have done.

Mr. CURLING thought the name might be agreed upon at a future time, if they decided to have a new Society.

Dr. DOBELL's amendment to leave out the consideration of the name was then put, and negatived by 37 to 35.

Dr. MURCHISON then proposed, and Dr. CONNOR seconded, that the name "Royal Society of Medicine" be substituted for "Royal Academy of Medicine."

Dr. WYNN WILLIAMS had never seen any good and sufficient reason for changing the name at all. It had stood for half a century, and might stand for another half century.

Mr. SOLLY said it was a perfectly barbarous name, which the public never could understand.

Dr. MURCHISON's amendment was then put, and carried by a majority of 42 to 21.

The amendment just carried having been put *pro formâ* as a substantive motion,

Dr. GREENHOW proposed, as an amendment, "That for the first clause should be substituted a proposal 'that the several societies mentioned in Clause 12 should be asked to unite themselves with the Medical and Chirurgical Society to form a new society, to be called the Royal Society of Medicine.'"

Dr. STEWART suggested that it should simply be "that a union of societies be formed to be called the Royal Society of Medicine."

Dr. SANKEY seconded Dr. Greenhow's amendment.

Dr. FULLER objected to Dr. Greenhow's amendment, because he thought they should resolve to proceed, whatever any single society might do. If they resolve to incorporate themselves, in the long run all societies would be forced to come in on account of the reputation and position they would make.

After a few remarks from Dr. MURCHISON, Dr. Greenhow's amendment was put and negatived by 34 to 12.

Mr. LEE then proposed and Dr. WYNN WILLIAMS seconded the adjournment of the meeting, but this was lost by 20 to 38.

The motion was then put, "That Clause 1 be adopted, with the substitution of the word Society for Academy." For the motion, 50; against, 2.

On the motion of Dr. DRYSDALE, seconded by Dr. CHAMBERS, the meeting then adjourned to that day fortnight.

DR. LETHEBY ON WATER ANALYSIS AND SEWAGE CONTAMINATION.

IN the paper which Dr. Letheby read to the Metropolitan Association of Medical Officers of Health, on the 17th ult., and in the long discussion which followed it on Saturday last, several scientific points of great importance were involved; and we think it right to present our readers with a short summary of the evidence which is forthcoming in relation to them.

When Dr. Frankland, in the fulfilment of what he deemed a public duty, accepted—not without reluctance—the office of analyst of the metropolitan waters, which had previously been held by Dr. Hofmann, he examined with great care the processes then in use for the analysis of potable water. He found them vague and untrustworthy; and, to remedy these defects, he devised—in conjunction with Mr. Armstrong—a new and very elaborate method, which he has since still further improved, and in which he places greater and greater trust the longer he employs it. Of this method, the most remarkable determination is that of organic carbon and nitrogen, which is effected by a species of combustion *in vacuo*, the nitrates, nitrites, and carbonates having been previously decomposed by boiling with sulphurous acid, and the gases formed during the combustion being collected by Dr. Sprengel's beautiful mercurial pump, and subsequently measured and analysed. A new process for the estimation of nitrates and nitrites is likewise employed: the ammonia is measured by the well-known Nessler test, and the total solid contents and hardness of the water are determined in the usual manner. Conjointly with this method of analysis, Dr. Frankland introduced his well-known system of judging, from the amount of oxidised nitrogen found in the water, the *previous sewage contamination* which the water has suffered. Ten thousand parts of average London sewage contain one part of nitrogen, and it is therefore easy, after making a small and constant deduction for the amount introduced by rain, to calculate the quantity of average London sewage to which the observed quantity of oxidised nitrogen corresponds. It is of course obvious that such a measure of the previous contamination of the water must be taken as only approximative. The drainage of fields will contribute animal nitrogen to water, as well as the sewage of towns; and Dr. Frankland by no means pretends that his process will distinguish between the excreta of a human being and those of a cow. Moreover, although the previous contamination is always referred to the standard of average London sewage, as being the most convenient for the purpose, the absolute amount of sewage or other animal impurity which has suffered oxidation in the water, must clearly have depended on the extent to which it was diluted, and on its actual composition. These disadvantages are of course incident to the use of any fixed standard, and they are amply compensated for by the distinctness of idea and the facility for comparison which the employment of such a standard affords.

To this method of analysis, and to the deductions founded upon it, Dr. Letheby objects *in toto*. He asserts that the method is difficult and inaccurate, and that the calculation of previous sewage contamination from its indications is fallacious and mischievous. The difficulty of the method may, for argument's sake, be conceded; for, considering that no one else is bound to employ it, and that Dr. Frankland does not complain, the point is immaterial. As to its accuracy, a study of the trial experiments made by the author proves that the maximum error in the determination of carbon only amounted, in round numbers, to five per cent., and in that of nitrogen to eleven, or, excluding one bad experiment, to two per cent. The determinations of oxidised nitrogen are much closer, and present no difficulties; so that the method gives infinitely better results than any other which has yet been proposed. The processes described and relied upon by Dr. Letheby are multifarious, and, with two exceptions, entirely untrustworthy. He himself has abandoned the old incineration method; the tests of colour and smell are rough, and merely qualitative; and the method of Wanklyn, Chapman, and Smith, though better, gives no precise results. The permanganate of potash process, which appears to be particularly favoured by Dr. Letheby, has been most distinctly proved to be inconsistent and fallacious in its indications, and Dr. Letheby himself admitted, in his evidence before the Select Committee on the East London Water Bills (Question 589, page 421), that he stood alone in his mode of estimating organic matter by it. The only accurate processes which Dr. Letheby uses are those for the estimation of ammonia and nitrous and nitric acids. He has taken of late to estimating these in potable water, though why he does so we are at a loss to conceive, since he expressly denies the value of their indications.

This last remark leads us to consider the origin of the nitrates so often found in water. Dr. Frankland, after searching with the utmost diligence, both in England and abroad, and making scores of analyses, finds that there is absolutely no evidence to prove that nitrates are ever formed by the oxidation of vegetable matters, and he is, therefore, forced to the conviction that their existence in a water is a sure sign of previous animal contamination. In the cases of river and well waters, known to have been con-

taminated by town sewage, it is scarcely possible to doubt that this is the case. Dr. Letheby himself admits the formation of nitrates from sewage; and he only escapes from the dilemma of confirming Dr. Frankland's history of the water by vague talk about the possibility of other sources of nitrates,—talk which he does not even attempt to verify by proof. Other speakers who followed him in the recent discussion indulged in even vaguer talk, and alluded to the nitre-beds in Chili, as though those beds could not possibly have been formed by the processes by which nitre is formed in other parts of the world, and as though nitre-beds were frequently met with by geologists in their explorations of the Thames basin.

Dr. Letheby wisely said but little about the nitrates of Thames water, and confined himself to endeavouring to throw discredit on the reports of the Registrar-General by assertions of the marvellous purity of the water of the deep chalk wells, and of the impossibility of sewage contamination having anything to do with the nitrates which they contain. But even this last point is by no means certain. The porosity of chalk rocks renders them peculiarly liable to the infiltration of the washings of manured fields; and, in the case of some of the chalk waters supplied to London, there is strong suspicion of direct pollution from sewage-charged rivers. Dr. Frankland remarks on the occasional presence of large quantities of common salt, as well as of nitrates, in the Kent Company's water. Salt is almost as strong an indication of sewage contamination as nitrates are, and it appears highly probable that these salts are really derived from the direct infiltration of the filthy waters of the Ravensbourne or Thames. Mr. W. R. Morris, the engineer to the Kent Waterworks Company, stated, in his evidence before the East London Water Bills Committee, that the waterworks at Grays, in Essex, were on the same great line of fault as that from which their water was obtained. This fault in the chalk, then, which yields such large volumes of water on both sides of the river Thames, passes directly underneath the foulest part of it. It is surely not wonderful that such water contains both nitrates and salt.

We do not know the exact amount of evidence there is as to the origin of the nitrates of other chalk wells. The chalk wells of Burton are suspiciously near the sewage-contaminated Trent; and Dr. Frankland may have similar evidence in regard to many other springs. But to avoid confusing probable hypotheses with facts, it is right to bear in mind that the phrase previous sewage contamination expresses a bare fact when it is applied to the waters of the Thames and Lea, but that it has a less certain significance, and may imply animal contamination other than sewage, when it is used in the description of the waters of deep chalk wells.

On the last point we have to mention Dr. Letheby is the asserter; while Dr. Frankland attacks his position. The former, speaking as the advocate of the metropolitan waters, though not, he assures us, of the metropolitan companies, asks what is the use of all this study of previous contamination that has ceased to be contamination? What matters it where the nitrates came from? They are harmless, and their presence is a sign that oxidation has done its work in the water, and destroyed the noxious matters. He is very facetious on this subject. He says, truly enough, that bread derives some of its elements from manure, and therefore that bread may be said to exhibit "previous sewage contamination;" that we eat bread, and therefore that we are previously sewage-contaminated; that everything organic, in short, may be traced to previous sewage contamination. It is all perfectly true; and if we could be sure that the sewage of Oxford and of the other towns which pollutes our rivers was as truly and completely metamorphosed as it is in the bread we eat, we should quite coincide with Dr. Letheby in reprobating the use of the term. But we perceive a slight difference between the process of organic life in a plant, and that of mineral oxidation in a river. Everyone admits that oxidation goes on in a running stream (a point, however, as eagerly urged at the recent meetings as if Dr. Farr and Dr. Frankland had denied it). The only question is, whether we can, in any given case, be absolutely certain that it is completed. Dr. Frankland believes that the process is not nearly so rapid as it is generally supposed to be, and he is supported in his opinion by the authority of Sir Benjamin Brodie. Human excreta being thrown in tons into a river at a certain place, these two chemists say that they should be very sorry to fix the precise point down the stream at which to cry to the thirsty population, "Drink freely; the 'stuff' is all gone." As we listened to the carefully-considered summary which Dr. Ballard gave of the possible and probable risks attendant upon drinking sewage, we assented most cordially to the wisdom of this caution. But Dr. Letheby disposes of the difficulty with a stroke of his pen. He knows, he tells us, by his experience, that sewage diluted with twenty volumes of water, and carried for ten or twelve miles down a river which contains plants and fish, is entirely oxidised, and may be safely used as food. It is well he knows it by his experience, for he cannot possibly know it by his tests, his, and all other tests, being perfectly inadequate for such a proof. On a careful consideration, we are disposed, after all, to believe that there must be some occult virtue in that two-foot tube by which the results of the otherwise worthless permanganate test are, as we all know, "controlled." It was suggested at the last meeting that some mystic power must lie therein, and to this we are inclined to ascribe Dr. Letheby's experience. To speak more seriously, we should be sorry to allow it to be supposed that Dr. Letheby advocated the use of sewage-containing water. No one can denounce the practice more strongly than he does, but we are constrained to assert that the criterion of safety which he sets up is an utterly fallacious one, and one which, by inducing apathy in regard to the question of water-supply, is calculated to produce the most lamentable results. London water has already many crimes to answer for, and, although it has to a great extent reformed, it must not be looked upon as perfect, but must be watched by the guardians of the public health with a constant and wise suspicion.

THE EPIDEMIC OF TYPHOID AT NORTH SHIELDS.

THE late extensive epidemic of typhoid has been the subject of two papers by two respected practitioners of North Shields, read to the Northumberland and Durham Medical Society. The one paper was by Dr. Peart, the other by Dr. Bramwell. They are entitled to very serious consideration, as attempts to illustrate an epidemic so definite in the time and the area of its prevalence, and so extensive, and withal fatal. We ourselves are the more interested in them, as they strikingly confirm the view of the cause of this epidemic which we have steadily believed in from the beginning. The epidemic was remarkably defined in point of time and place. There were a few indications of it in September; "but its height was arrived at suddenly in the middle of October, when, speaking for myself," says Dr. Peart, "fresh seizures came under observation often at the rate of ten to twenty per day up to the end of the month, after which a rapid decline took place to the middle of November, and then there were comparatively few, although some occurred till the beginning of December." In the several weeks of this period Dr. Peart's cases were 4, 3, 3, 14, 96, 71, 36, 21, 8, 2, 5. This sudden development is very characteristic of typhoid, and points strongly to a very definite cause. The last time we wrote on this subject we asked if any evidence was forthcoming of palpable or probable admixture of excrementitious matter with the water-supply of the affected portion of the town. The answer to this question comes to us in the papers to which we are referring. Dr. Peart describes a visit to a neighbouring pit, from which the Brock Farm reservoirs were chiefly filled—that is to say, filled five days out of seven,—

and his description leaves, practically, no doubt as to the probable admixture just mentioned. He, in company with Dr. Bourne, examined the arrangements of the pit, and found, amongst other sources, water coming from two springs, which in their course, partly through pipes and partly as open streams, in close proximity to a tramway, to disused workings in the pit, to pit stables, to small doorless recesses on each side of the tramway and their cesspools, were liable, in Dr. Peart's opinion, "to contamination, one in its whole course," the other at two points of its course.

Dr. Bramwell's paper, though meant apparently to do so, does not damage the theory of water contamination. He admits the fact of contamination. For ourselves, we dismiss the North Shields outbreak of typhoid, and put it down in the category of the numerous other outbreaks of the kind due to an actual contamination of the water-supply, which water companies will have to find some means of preventing. We are glad that the local medical society of the district has given attention to the subject, and that its leading members took a sensible view of what appear to us very plain and very serious facts.

THE PUBLIC HEALTH.

THE Quarterly Return of the Registrar-General for the three months ended March 31st last, shows that the unprecedentedly large number of 204,055 births were registered in England and Wales, the corresponding deaths amounting to 133,437. What, is called the "*natural* increase" of the population, therefore, or the excess of births over deaths, in the quarter, was 70,618; but whether this result represents anything like the *actual* growth of our home population, or not, it is impossible to determine, unless the balance between emigration and immigration could be ascertained. The ratio of births to the present estimated population of the country was higher last quarter than has ever before been observed in any quarter since registration began; and this fact must further be taken in conjunction with another that is remarkable—namely, that throughout the whole of the two last years the marriage-rate was below the average. The mortality of the quarter was a little below the average for the season, but was considerably in excess of the rate for the corresponding three months of last year: the less favourable result for the later period is attributed to the prevalence of "trying and exceptional climatic conditions," as contrasted with the fine genial weather which distinguished the beginning of 1868. The weather in January last was very warm, excepting for one week, when a sudden change took place, which soon showed its effects in the increase of deaths from bronchitis and other diseases of the respiratory system; then another warm period set in, and lasted until the beginning of March, when there was another change to wintry, ungenial weather, which helped materially to raise the death returns. An unusually large number of young children and of old people appear to have died during the quarter, and we know that it is at the beginning and end of life when changes of temperature from warmth to cold are most fatal in their effects. In several districts, half the deaths registered were of persons who had passed their sixtieth year of age. Scarlet fever was more or less prevalent in a majority of the registration districts. In London it was the cause of 648 deaths, as compared with 339 and 368 fatal cases occurring in the first quarters of 1867 and 1868 respectively. The knowledge thus obtainable in regard to the progress of this epidemic in the metropolis, and the want of such information on a more extended scale, only help to show how extremely desirable it is that the deaths from the principal zymotic diseases all over the country should be ascertained and published in the Quarterly Returns; and it would give us much satisfaction if the Registrar-General would manifest his usual desire to aid preventive medicine by adopting the suggestion we have thrown out. We cannot think there are any serious obstacles in the way of giving what we ask for.

Correspondence.

"Audi alteram partem."

MR. GRAY'S OBSERVATIONS ON THE TREATMENT OF TROPICAL DISEASES.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 1st inst., Mr. Gray, of the Peninsular and Oriental Company's Service, has put forth some statements which I cannot allow to pass without notice.

Mr. Gray wishes to impress the profession in England with the notion that the acute diseases of India are still treated in the "heroic" and spoliative manner that was on the decline thirty years ago, and is now, in the medical services of H.M.'s British and Indian Services, quite exploded.

On what facts Mr. Gray bases the hardy assertion "that the natural history of acute tropical diseases has hardly at all been studied," I am quite at a loss to say. Can it be that Mr. Gray's acquaintance with the literature of modern tropical medicine is confined to the author from whom he makes a quotation, that in India, in the present day, would be regarded as homicidal?

Writers of this stamp are now-a-days as obsolete as "Brown Bess." I do not profess to know who the writer from whom Mr. Gray makes his quotation is, but suspect, from the whole tenor of the passage, that it must be the late Dr. James Johnson, who has ceased for more than thirty years to be regarded as a trustworthy guide in any branch of tropical medicine.

If there was any foundation for the charge thus brought against medical men in India by this gentleman, the evidence in support of it must have come before the medical officers of this hospital. Now, how stands the case? Nearly 23,000 invalids, most of them from hot climates, have passed through this hospital within the last six years: do they bear on their persons, or show in their constitutions, or in the medical history sheets they bring with them, evidence of the "heroic" treatment to which, if what Mr. Gray asserts were true, they must have been subjected? Nothing of the kind. The evidence in this immense field of observation is all the other way. Again, this gentleman finds support of his views in the fact that "a large quantity of tartar emetic and calomel was sent to Abyssinia!" Now, I do not know how much physic was sent to Abyssinia, but this I know, and all the world knows it too, that England never, at any period of her history, waged war with so small a loss of life from sickness as in that memorable expedition. Further, all the invalids from Abyssinia have passed through this hospital; and I hope Mr. Gray will find comfort in the assurance I give him, that they showed no traces of discipline from the "large quantity of tartar emetic and calomel" which has excited such lively fears in his mind.

The whole thing is a myth: Mr. Gray is wasting his time in contending with a shadow—he is slaying the slain. It is eight years since I left India: ten years before I did so a medical practitioner known or suspected to treat his patients in the manner this gentleman supposes to be common to this day, would have been an object of terror to all educated men within the reach of his lancet, to say nothing of his tartar emetic and calomel.

I am, Sir, faithfully yours,

W. C. MACLEAN.

Royal Victoria Hospital, Netley, May 5th, 1869.

THE AMALGAMATION OF THE MEDICAL SOCIETIES.

To the Editor of THE LANCET.

SIR,—One of the speakers in favour of the propositions submitted to the Royal Medical and Chirurgical Society on Monday last stated that one reason why a proposition brought forward in 1861 failed was, that no scheme had been submitted to the Society. I was about to call to the recollection of the meeting that a "scheme," agreed upon by a joint committee consisting of representatives from all

the Societies interested in the proposed amalgamation, with a letter from the legal adviser of the Society, was submitted to the Society at a general meeting held on April 5th, 1861, when I was called to order by the President, and so precluded doing what I must now ask the favour of you to allow me to do in your journal—namely, to refer the Fellows to page 363 of vol. iii. of the Proceedings published by the Society, where the scheme will be found fully set out. To that scheme I am prepared to adhere.

Apologising for intruding myself on your space,

I am, Sir, yours &c.,

May, 1869. CHARLES HAWKINS.

THE MEDICAL PROFESSION AND INSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—It may interest the profession to know that, during the past week, I have succeeded in obtaining a fee from an insurance office, by inquiring if there was any objection to my sending a short correspondence on the subject to THE LANCET. I had received a "Private Friend's" form, and on writing to ask if I was to be paid for my reply, received the usual answer, that it was not in a professional capacity I was applied to, but as a private friend; and that if I objected to reply in that capacity, the manager would have to apply to the proposer for the name of another friend.

In reply, I sent an extract from THE LANCET of April 3rd, containing your remarks on Dr. Day's case, and said I presumed there would be no objection to my sending our correspondence to THE LANCET.

The manager replied that he did altogether object to this being done, and enclosed a medical form, upon filling up which the fee would, he said, be sent. The form was filled up; and by return of post I received a P.O. order for one guinea. I am, Sir, your obedient servant,

H. NELSON HARDY, M.R.C.S.

Fitzroy-square, April 26th, 1869.

PLURALITY OF APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—The following statement may excite inquiry in these days of hospital abuse and plurality of appointments.

Dr. Grindley Pearse, a vaccinator and teacher of vaccination at the Tottenham-court-road Station, and at Marsham-street, Westminster (*vide* list from the Privy Council Office), has just been appointed by the guardians sole Public Vaccinator in the Westminster District, which comprises the parishes of St. Margaret and St. John, containing a population of 68,000 souls. Is this fair to the late vaccinators? I am, Sir, yours faithfully,

JUSTITIA.

TREATMENT OF BELLADONNA-POISONING BY OPIUM.

To the Editor of THE LANCET.

SIR,—With reference to the case of morphia-poisoning reported in your journal of the 3rd inst., in which atropia was injected hypodermically with success, the following case may prove interesting as to some extent evidencing the power these drugs have in counteracting the effects of each other.

On the morning of the 1st inst., at about half-past five o'clock, I was called to see a patient who had, four hours and a half previous to my arrival, taken six grains of extract of belladonna, which had been given him in mistake for colocynth. On my arrival, the patient informed me that he took the medicine as an intended aperient on going to bed. He awoke after two hours' sleep, felt very restless, continually getting out of bed to moisten with water his mouth and throat, which had become much parched. He felt giddy, and his sight was so dim that small objects could not be seen. His urine was suppressed, and he experienced a sensation as of sinking through the floor. The patient had a wild and anxious look, and a difficulty in utterance. The pupils were much dilated; tongue dry and furred; pulse slow and labouring. He was quite conscious, free from pain, and his breathing was undisturbed. As the poison had been taken too long to expect benefit from an emetic, or the use of the stomach-pump, I ordered him to make free use of stimulants, and—to prevent his sleeping—to be kept constantly on the move.

About an hour after I left the patient, I was informed by his wife that he was much worse; he had been seized with spasms in the legs, similar—as he described it—to electric shocks passing from the trunk to the extremities, and lifting them from off the ground. He was unable to walk, and had become so drowsy that his wife found it impossible to keep him awake. I ordered him thirty minims of tincture of opium, in an ounce of camphor-water, which, in his own language, had almost an immediate beneficial effect. "The whole of the symptoms commenced to improve, and the same dose repeated within a few hours left me quite free from any unpleasant effects, with the exception of a peculiar sensation in the mouth, lips, and hands, which remained for some days."

I am, Sir, your obedient servant,

Finsbury-place, April 5th, 1869. G. BOELASE CHILDS, F.R.C.S.

SHEFFIELD.

(FROM OUR OWN CORRESPONDENT.)

A LECTURESHIP on Anatomy at the Sheffield School of Medicine has become vacant by the death of Mr. Skinner. For nearly twenty years he occupied the chair, and though engaged largely in public and private practice, the occasions on which he was absent from his place in the theatre, at the appointed hour, may be counted on the fingers. Always in the habit of attending half an hour before the time, and preparing, or seeing prepared, the dissection for the day, he delivered lectures remarkable for graphic force and precision. Gentlemen who attended his lectures, and afterwards those of the great masters in London and Dublin, have assured the writer that for clearness in demonstration he was unequalled.

The whole construction and ventilation of the fine General Infirmary here, are perhaps as faulty as in any building of the kind in Great Britain. The staff have lodged a formal protest upon the subject with the Governing Board, and it is hoped that this, together with the example of Leeds and of the neighbouring town of Rotherham, which is erecting a dispensary and hospital on the best principles of construction, will relieve Sheffield of the opprobrium of an hospital worthy of those days when, in the Hôtel Dieu, three patients occupied one bed half of the twenty-four hours, giving place, at the end of that time, to three others who had been patiently waiting their turn in the thalamus of death on an adjoining bench.

The medical clinique at the Infirmary is, as usual, rich in paradigm cases. Under one of the physicians there are now:—

1. A case of Hodgkin's disease, sarcoma lymphaticum of the spleen, which has been under observation for three years. Three times the patient has presented himself with universal anasarca, internal hæmorrhage, and an almost incredible degree of anæmia. Three times he has improved under iron and lemon-juice, so far as to be able to resume his place at the forge. Curiously enough, too, an axillary adenopathy, which appeared twelve months ago, has disappeared. The spleen still remains enlarged.

2. A case of atrophie musculaire progressive, in a very early stage, to which the attention of the physician was called only by the dilatation of the pupils, and the presence of a severe neuralgia of the greater occipital. The wasting is confined to the upper extremities, and his occupation—a puddler—gives the clue to the etiology of the disease. The application of the continuous current has been prescribed.

3. A case of vitiligoidea plana et tuberosa.

4. By the side of the case of Cruveilhier's disease, two cases of lead poisoning, with palsy and wasting; and a case of ataxy, which has improved to an unexpected degree under phosphorus.

5. Several cases of chorea, rapidly "cured," in the good old sense of the term, by succus conii.

These are only samples from a rich mine. Unhappily, the students of Sheffield are slow to take advantage of their opportunities.

Sheffield, April 27th, 1869.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE appointment of an honorary surgeon to the new Children's Infirmary in this town took place on Monday last. Some interest was excited in this election, owing to two homœopaths coming forward to contest the vacant office with a gentleman who has acted as assistant-surgeon to the institution for the last four years. Your readers will remember that about a year ago a very keen contest occurred in the same hospital for the post of physician, when a leading homœopathic practitioner was beaten by a large majority, though great efforts were made by his lay friends of the same persuasion to secure his return. Undismayed by their defeat, they have again raised the question, and the expression of opinion on the part of the supporters of the charity, as shown in the result of Monday's election, is so unmistakable, that we shall have probably no further attempts made to intrude homœopathy into any of the Liverpool hospitals. The voting at the election on Monday was as follows:—For Dr. Rawdon, late assistant-surgeon, 165 votes; for Dr. Hayward, homœopath, 22 votes. Dr. Hitchman, the other homœopathist, did not go to the poll. Last year the homœopath, Dr. Drysdale, obtained 95 votes, against 159 polled for Dr. Oxley, elected. So that, on the present occasion, there was a falling off of more than 70 votes on the part of the homœopaths; probably the seventy were not subscribers this year, though they were last year. It was remarked, at the time, what a sudden accession of new subscribers to the charity had taken place just previous to that election.

The sanitary condition of Liverpool has made such rapid strides towards a more satisfactory state during the last two years, that it leaves your correspondent but little to remark upon as to the weekly mortality. The latter continues to hold a very good position in the Registrar-General's Returns. We have had no excess of deaths from any of the zymotic diseases. Phthisis has been remarkably prevalent this year, and the deaths from diseases of the heart and kidneys have probably been much in excess of the average of previous years.

Dr. Trench's able Report for 1868, which you noticed a short time ago, succinctly describes all the salient points in the health and hygienic condition of the town, and is therefore now looked upon as a valuable statistical record of the progressive improvement we are making.

Liverpool, May 4th, 1869.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

ON Friday the last meeting of our Surgical Society was held, the President of the College, Mr. Porter, in the chair. Some interesting communications were made by some of the members present, amongst others one by Professor Morgan upon a case of tetanus, in which he employed nicotin, which gave rise to an animated discussion as to the relative merits of belladonna, mercury, and nicotin. The proceedings of the evening were brought to a close by an address from the President, who gave a masterly, though succinct, analysis of the several communications made to the Society during the past session, and concluded his remarks by the following feeling allusion to our late collaborateur, M. H. Collis:—"This Society has sustained a sad and severe loss since I had the honour of speaking at the opening of the session now at its close. There was one then present who was a true lover of his art. He laboured to elevate Irish energy. It is needless for me to say that I allude to Maurice H. Collis. In every way he took a deep interest in this Society, and he rejoiced in its success. From his earliest day as a practical surgeon he brought forward communications of great value. He was on all occasions wont to take part in the practical discussions with clearness and ability, whilst he always maintained his own views with sound reason and force of argument. He was ever ready to listen to the views of others who differed from him with an attentive ear and willing mind. In speaking of his noble traits of character, and sincere friendship, during a period of nearly twenty years that we were associated, I wish to do honour to his name and his memory within those walls that have so often echoed to his voice whilst labouring to advance surgery. That voice is now still; but he has left a bright example to the younger members of the profession that they should follow. A Christian man, an educated gentleman, an accomplished and bold surgeon, a sincere and warm-hearted friend, has passed away, but his memory will through years to come be respected, and students not yet born will read in the pages of professional literature the beautiful and practical lessons from his pen."

Our annual elections for examiners at the College of Surgeons was held this day, when the following gentlemen presented themselves for selection. For examinerships, for letters testimonial, and for Fellowship: the old Court—to wit, Messrs. Barker, Fleming, Richardson, Stapleton, Stoker, Tufnell, and O'Grady,—together with Messrs. Gogarty, Moore, Murray, Tuohill, and White. The old Court was, however, reappointed for the ensuing year. No one competing their office with the examiners in Midwifery, Messrs. Cronyn, Quinan, and Kirkpatrick were also reappointed. But for the examinerships (three in number) in general education there was a large number of applicants, consisting of the old Court, Messrs. Byrne, Murray, and Shaw, together with Messrs. Ashe, Leeper, Roe, Scott, Traill, and Ward. Of them Messrs. Byrne, Ashe, and Traill were the successful candidates. The first two of them are members of our own profession, and also distinguished classical scholars; whilst Dr. Traill is one of the Fellows of Trinity College, Dublin, and will also in a short time belong to our profession, inasmuch as he goes up for his M.D. degree, I believe, next commencement.

Dublin, May 4th, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

REPORT OF THE COMMITTEE OF THE ACADEMY OF MEDICINE ON THE MORTALITY OF NEW-BORN CHILDREN.

ABOUT a year ago, the question of the mortality of new-born children, started by Brochard's exposition of the frightful death-rate of the infant population of France, was warmly agitated at the Academy of Medicine, and in the political and medical press of this country. One of the consequences of this agitation was the appointment of a committee at the Academy of Medicine, to ventilate the whole subject, and point out the means of obviating such a large destruction of life. At the last meeting of the Academy, the Committee presented its report, through M. Blot, one of its members. It would have been well if the Committee had taken up the whole question *de novo*, and thoroughly sifted it to the bottom. It is one of vital interest, involving most important sanitary and social problems; and though some of its points were brought to light in the recent debates to which I have alluded, there remained many others which required to be carefully studied and elucidated. The Committee seems to have taken it for granted that the whole question had been sufficiently discussed, and has somewhat neglected the medical and social aspects of the subject in confining itself to the indication of certain administrative measures which it recommends to the attention of the Government. These measures are restricted to the regulation and surveillance of the wet-nurs-

ing system, which has assumed such dimensions in France, owing to the peculiar aversion of the higher classes to nurse their children themselves; to the ambition of the merchant and shopkeeping class, who in their race after wealth can scarcely spare time for bringing up their children; to the stern necessities of life among the working classes; to the vast number of unmarried mothers, &c. This baby-farming was, therefore, one of the most important points of the question, and demanded immediate control and regulation. The awful mortality caused by the neglect and cruelty of those who earn a livelihood by baby-farming had been placed beyond doubt by all recent statistics and documents, and has just been exhibited in a fearful light by a trial at Montauban, wherein it was shown that a female, who earned her living by taking charge of babies, had slaughtered and stowed away half-a-dozen of them in a very short space of time, before being detected by the police authorities. The question, however, involved many others of interest, and this neglect of its social and medical aspects by the Committee of the Academy is the more to be regretted, as the Government has just appointed a sort of lay committee, including only two medical men, to investigate the question, which, judging from the manner in which the committee has been composed, will be studied only in its administrative aspects, and in view of the administrative measures which may be adopted.

ON THE EFFECTS OF ABSINTHE.

In connexion with an important memoir recently communicated to the Paris Academy of Sciences by M. Magnan, and in which the author shows, as the results of his comparative researches, that alcohol alone does not produce epileptiform attacks, whereas absinthe combined with alcohol does produce them, M. Decaisne has written to the Academy to support this statement by referring to his own well-known researches on the evil consequences of absinthe drinking. After a series of clinical observations, M. Decaisne had concluded that these effects were owing to the peculiar nature of the liquid. This view, however, has been strongly combated by various observers, especially by M. Deschamps (d'Avallon), who contends that the various inconveniences of absinthe drinking are due simply to the degree of alcoholic concentration of absinthe. M. Decaisne, therefore, rejoices that his clinical observations have been confirmed by M. Magnan's experimental researches, which clearly show the difference between strong alcohol and absinthe.

A CASE OF PREGNANCY BY INCLUSION.

The notes of this case were read on Tuesday last by M. Depaul (Professor of Obstetrics at the Hôpital de la Clinique) to the Academy of Medicine. The subject of the observation was a child two days old, bearing on the posterior region of the sacrum a somewhat voluminous tumour of an oval form, pedunculated, pulsatile in certain situations, covered with skin and hair, and with a small growth resembling an ear. The tumour was excised, and the pedicle clasped in a ligature; the child is now quite well. Within the tumour were found some muscular tissue, two arteries, a rudimentary intestine, and four little bones. It therefore contained the elementary *débris* of an embryo. Added to the fact that it was covered with hair, it was discovered that there existed a small hole, with a canal of five centimetres in length, looking very much like an anus. M. Depaul, therefore, thinks that this was undoubtedly a case of pregnancy by inclusion. He had already had occasion to observe three tumours, having a similar aspect, in the same region. Two of them exhibited the character of myelocyte tumours; the third was embryo-plastic. He concludes that in the sacral region there may be developed five varieties of tumours: myelocyte, embryo-plastic tumours, tumours owing to hydro-rachis, hypertrophy of Luschka's gland; and lastly, tumours like those in question, and owing to pregnancy by inclusion.

ON CERTAIN PHYSICAL AND PHYSIOLOGICAL PROPERTIES OF MUSCLES.

M. Chmoulevitch has just published on the above question an interesting paper, which may be summed up thus: 1. When heat acts on a muscle at rest, it produces two effects—one purely physical, the other physiological. The physical effect is observed only between 2 and 28 degrees centigrade. Between these limits, the muscle acts, under the influence of heat, in a manner opposed to all other known bodies: it shortens in becoming warm, and lengthens in cooling. 2. Beyond 28 degrees centigrade, the purely physical influence which has just been described is complicated by a novel action of a physiological nature. If the temperature of the muscle be raised in a regular manner up to 40 or 41 degrees, a shortening is produced, of which the rapidity increases between 35 and 41 degrees; the muscle is in a condition which has been termed *rigidity through heat*. 3. When it is required to produce this kind of rigidity in two muscles, one of which has been separated from the body two or three hours before the other, a higher degree of temperature must be employed for the first muscle. 4. The size of the muscle diminishes during cadaveric rigidity. 5. The specific weight of the muscle increases under the same influence. 6. At the same time, the absolute weight of the muscle diminishes. 7. The size of the muscle diminishes in like manner during *rigidity through heat*. 8. The mechanical tension of the muscles also produces a diminution of their size. This result, according to the mechanical theory of heat, is in accordance with another fact, which is—9. That in muscles (and especially living muscles) a certain quantity of heat is set free under the influence of mechanical tension.

INCREASING NUMBER OF LUNATICS IN FRANCE.

According to M. Lunier, Inspector-General of the Lunatic Asylums of France, the number of lunatics in this country from 1835 to 1869 has increased in the proportion of from 4·96 to 24·28 per 1000 inhabitants. This extraordinary increase of lunacy would be due, in some measure, to the imperfection of the former census; yet, it seems certain by the last census, brought down to January, 1869, that there exists one lunatic in every 412 inhabitants; and, on account of the fact that many families take every precaution to conceal the madness of one of their members, M. Lunier thinks that he may safely put down the rate at 1 in 200. In the lunatic asylums the total number of the insane has become four times more considerable since 1835, and has increased from 10,000 to 38,000. M. Lunier purposes to publish shortly a series of papers, in which he will examine the probable causes of this terrific increase, and the means of arresting its further development.

CONCOURS FOR THE SURGICAL AGRÉGÉSHIP AT THE PARIS FACULTY.

The following lectures, forming the third test of the *concours* (namely, the delivery of a lecture after twenty-four hours' preparation) have been successively delivered by the candidates at the School of Medicine:—On Spina Bifida; on Peri-uterine Sanguineous Tumours; on Malignant Tumours of the Bones; on the Various Cysts of the Mouth; on Surgical Hæmostasis; on Inguinal Hernia; on Traumatic Erysipelas; on Sutures, and the cases in which they should be employed; on Cancer of the Uterus, in its relation with Fecundation, Pregnancy, and Parturition.

NEW PARISIAN BOOKS.

The following important works were issued from the Parisian press during the last week:—"Dictionnaire de Chimie Pure et Appliquée," par le Prof. A. Wurtz: Hachette. "Traité de Pathologie et de Thérapeutique Générales," par le Prof. Jaumes: V. Masson. "Entretiens Familiers sur l'Hygiène," par le Prof. Fonssagrives: V. Masson. "Traité des Maladies de l'Utérus," par A. Nonat et A. Linas: Delahaye.

Paris, May 4th, 1869.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their final examination for the diploma, and were duly admitted Members of the College, at a meeting of the Court of Examiners on the 4th inst:—

Attwater, Arthur W., Brondesbury Lodge, Kilburn.
Broom, Henry J., Llanelly, South Wales.
Cheyne, William R., Nottingham-place.
Darby, John T., Derby.
Edwards, William H., Antigua, West Indies.

Etheridge, George E. F., L.S.A., Starston, Norfolk.
Harris, Andrew, Manchester.
Hart, John, Calcutta.
Hartill, John T., L.R.C.P., Willenhall, Staffordshire.
Kennedy, Edward, Manchester.
Kibbler, William A., Hackney.
Kipling, William, L.S.A., Romaldkirk, Yorkshire.
Parsons, Thomas E., Islip, Oxfordshire.
Plaxton, Joseph W., Hull.
Reynolds, John, Brixton, Surrey.
Ringer, Beverley S., John-street, W.C.
Sewell, Allen, L.S.A., Euston-square.
Ticehurst, Augustus R., L.S.A., Hastings.
Wade, George H., Plymouth.

The following passed on the 5th inst.:—

Betts, James O., L.S.A., Calcutta.
Calantarients, Johannes A., Erivan, Armenia.
Caldecott, Randolph, Rugby.
Davies, Wm. Henry, L.S.A., Newbridge, Monmouthshire.
Edwards, Lewis, Wimbledon, Surrey.
Fielding, James, M.D., Toronto.
Fleming, David G., M.D., Toronto.
Harris, Robert, Hackney.
Hosford, Thomas S., Clapton Park.
Howse, Frederic, L.S.A., Kilburn.
Hughes, Arthur H., M.B., Toronto.
Kenyon, John K., L.S.A., Ditton.
Moor, Alfred, Durham.
Parkinson, John H. W., Winborne, Dorsetshire.
Pughe, John E. Howard, Liverpool.
Robathan, George B., Risca, Monmouthshire.
Shaw, Josephus, Lees, near Manchester.
Shewen, Alfred, Sevenoaks, Kent.

At the above examinations, three other candidates, having failed to satisfy the Court, were referred for six months' further professional study.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 29th ult.:—

W. P. Thornton, Josiah Williams, and James Chilcot, of University College; Thomas Jago and K. F. Sylvester, of St. Bartholomew's; T. A. Dodd, John Johnston, and H. K. Malleu, of Newcastle-on-Tyne; J. B. Brierley and W. J. Kennedy, of Edinburgh; William Carling and E. W. Freeman, of London; C. C. Roger, of Middlesex; R. J. Sivan, of Dublin; J. K. Tucker, of Guy's; W. G. Watson, of St. Mary's; R. T. Eager, of Manchester and Edinburgh; Thomas Harrison, of Liverpool; F. C. Turner, of Cambridge and Guy's; Frederick Deshon, of Charing-cross; H. W. Coleman and G. T. Taylor, of Leeds; T. C. Eagar and Geo. Fenton, of Westminster; R. J. Martin, of Manchester; Joseph Hunt, of Birmingham; W. B. Slaughter, of St. Thomas's; John Davidson, of Aberdeen.

Of the 108 candidates admitted to examination on the 27th, 28th, and 29th ult., 22 failed to acquit themselves to the satisfaction of the Court, and were referred for three months' further anatomical study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 29th:—

Adcock, Hugh, Abbey-street, Bermondsey.
Durant, Edmund, Winchester.
Ekens, Joseph William, Wimbledon.
Hart, Eugene John, High-road, Lee, Kent.
Hyde, John Knowler, Witney, Oxon.
Park, Robert, Glasgow University.
Taylor, William Bramley, Camberwell-green.

The following gentleman also on the same day passed his first examination:—

Fryer, John, Leeds School of Medicine.

ROYAL COLLEGE OF SURGEONS, IRELAND.—The following gentlemen passed their primary examinations in Anatomy, Physiology, and Materia Medica, at a meeting of the Court of Examiners held last week:—

T. Alman, R. J. Barry, Robert Barry, Michael Barry, John A. Bolton, Charles Bourns, D. Browne, Gerald Byron, Abraham Colles, Richard P. Condon, J. Collett, C. Coppinger, T. K. Cornelius, J. Cremins, D. Cullen, Andrew Deane, James Dwyer, Mark Fenton, John Finnegan, Robert Frazer, H. Geoghegan, D. Hadden, F. Harricks, John R. Hillis, John Hoysted, W. Hughes, G. Irvine, C. Jackson, A. Kelly, T. Kennedy, T. Maguire, Joseph Martin, R. Maturin, E. Murtagh, M. O'Brien, G. Ormsby, Lambert Ormsby, E. Palmer, Joshua Parker, H. Pardon, William Robinson, A. Skipton, A. St. Lawrence, J. Storey, E. Taylor, F. Tellet, E. Thomson, W. Volatti, E. Ward, W. West, J. C. P. Widdup.

GUY'S HOSPITAL.—Dr. F. Taylor, M.B. Lond., has succeeded Mr. W. R. Cortis, M.R.C.S. Eng., as house-surgeon. Dr. James Frederick Goodhart, L.R.C.P. Lond., the present house-physician, will hold the appointment until July, when Dr. Henry Charles Hilliard, M.B., Lond., the present junior house-physician, will succeed him.

MEDICAL CLUB.—The usual monthly dinner of this Club took place on Wednesday week, Dr. Richardson, F.R.S., in the chair. The party consisted of between thirty and forty, and amongst the visitors and members present were Professor Macdonnald, Mr. Joseph Knight, Mr. Marshall, President of the Medical Society, Sir William Fergusson, Sir Charles M'Grigor, &c. Dr. Richardson, in proposing "Success to the Medical Club," said that the Club, though by name medical, was in fact cosmopolitan in its character. No eminent man in science or in literature was excluded because he was not medical; on the contrary, the promoters of the Club had done all they could to remove every trace of a narrow and exclusive spirit. At the same time, they were satisfied that medicine alone presented a basis sufficiently broad, scientific, and social, on which to place permanently an institution such as the Medical Club claims to be, and is, and means to be. Medically, the Club was a centre for the representatives of physic in all parts of the empire, and every man, known or unknown, who joined it was sure, whenever he was able to visit the Club, to make some new friend, and receive some new social advantage. The monthly dinners tended effectually towards this very desirable object of bringing members of the profession, who were widely separated at most times and seasons, into friendly communion, and of making them also acquainted with men of mark and stamp in other professions. The gradual and safe increase of members showed clearly that the principles of the Club were sound, and nothing now was required but time and patience to perfect what had been so happily conceived, and, up to this time, so faithfully carried out. The Chairman, in conclusion, said he had hoped, when the news of the return of Dr. Livingstone was a short time since announced, that the meeting this month might have been graced by the presence of the illustrious explorer. Had it been so, there can be no doubt of the welcome that would have been tendered him in the Club; and he, the Chairman, yet hoped that one day the members would have the happiness of being able to offer a home to a traveller whose work was so pure a glory to the profession he adorned. The finances of the Club, he was happy to say, were in a satisfactory state, and he had great pleasure in stating that at the next dinner, which would be on Wednesday, June 2nd, Mr. Erasmus Wilson had kindly consented to preside.

DR. CORFIELD has been appointed to the Chair of Public Health at University College.

Medical Appointments.

ADAMS, W. P., M.R.C.S.E., L.S.A., has been appointed House-Surgeon to the West London Hospital, Hammersmith, vice J. S. Wyman, M.D., resigned.

ARROWSMITH, W. H., L.R.C.P.Ed., has been appointed Medical Officer for the Darlington District of the Darlington Union, Durham, vice S. E. Piper, F.R.C.S.E., resigned.

BROOM, C., M.R.C.S.E., has been appointed Medical Officer for the Cheriton Fitzpaine District of the Crediton Union, Devon, vice Josiah Body, L.R.C.P.Ed., resigned.

BURDETT, H. F., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

CESAR, A., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the North District, the Workhouse Infirmary, and the Schools of the Mile-end Old-town Union, vice B. B. Lyel, L.R.C.P.Ed., deceased.

CLARKSON, J., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

CLAY, G. L., M.R.C.S.E., has been appointed a Surgeon to the Old Meeting Friendly Fund, Birmingham.

CLAY, Mr. H. C., has been appointed Assistant Dispenser to the General Hospital, Birmingham.

COVEY, C. E., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Woodbridge Union, Suffolk, vice T. R. Mitchell, M.D., resigned.

CUTHBERT, C., M.D., L.R.C.S.Ed., has been appointed Surgeon to the Ancient Order of Foresters, Edinburgh.

ENNALS, C. T., M.R.C.S.E., has been appointed Medical Officer for the Littleport District of the Ely Union, vice D. Macintosh, M.D., resigned.

EVANS, T. M., M.R.C.S.E., has been appointed Visiting Surgeon to the Hull and Scalcoates Dispensary, and Lecturer on Forensic Medicine at the Hull and East Riding School of Medicine and Anatomy.

FARNCOMBE, R., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

FIDDES, D., M.D., has been appointed Physician to Robert Gordon's Hospital, Aberdeen, vice R. Dyce, M.D., deceased.

HALL, S., M.R.C.S.E., has been appointed Medical Officer for the Brockenhurst District of the Lymington Union.

HARKER, J., M.D., has been appointed Medical Officer and Public Vaccinator for the Morecambe District of the Lancaster Union.

HEDLEY, J., M.R.C.S.E., has been appointed Honorary Surgeon to the Cottage Hospital, Middlesbrough-on-Tees.

HODGSON, W. J., M.D., has been appointed Medical Officer for District No. 10 B of the Wisbech Union, Cambridgeshire.

HOUSLEY, J., M.D., has been appointed Medical Officer and Public Vaccinator for the Cuckney District of the Worksop Union, Notts, vice J. Royston, M.R.C.S.E., resigned.

HOWEY, E. W., M.R.C.S.E., has been appointed a Medical Officer to the Bromyard Cottage Hospital.

JACKSON, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bolton District of the Lancaster Union.

JORDAN, J., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

JOWERS, F. W., M.R.C.S.E., has been appointed a Surgeon to the Sussex County Hospital, Brighton.

LLOYD, R. H., L.S.A., has been appointed Assistant House-Surgeon to the West London Hospital, Hammersmith, vice W. P. Adams, appointed House-Surgeon.

MIDDLEMIST, R. P., M.R.C.S.E., has been appointed Obstetric Surgeon to the St. George and St. James Dispensary, vice A. W. Edis, M.B., resigned.

MOSES, F. H., M.R.C.S.E., has been appointed Medical Referee to the Prudential Assurance Company for Burton-on-Trent.

NETTLESHIP, Mr., has been appointed a Clinical Assistant at the London Hospital, vice Waren Tay, M.R.C.S.E., appointed Assistant-Surgeon.

O'CONNOR, M., L.K.Q.C.P.I., has been appointed Medical Officer for the Purl's-bridge District of the Ely Union, vice C. Farrar, M.D., resigned.

PEARSE, G. E. L., M.R.C.S.E., has been appointed Assistant-Surgeon to the Westminster Hospital.

POPE, E., M.R.C.S.E., has been appointed Medical Officer for District No. 10 of the Parish of Lambeth.

POTTER, J. B., M.D., has been appointed an Accoucheur to the St. George and St. James Dispensary, vice Edis, resigned.

QUINTON, C., M.R.C.S.E., has been appointed Medical Officer for the Egton District of the Whitby Union, Yorkshire, vice W. N. Clarkson, F.R.C.S.E., deceased.

RAWDON, H. G., M.D., has been appointed Surgeon to the Liverpool Infirmary for Sick Children.

RAYNER, W., M.R.C.S.E., has been appointed Assistant Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester, vice J. Charlesworth, M.R.C.S.E., resigned.

ROBINSON, Mr. M. A., has been appointed to the fourth District of the Chailey Union and Ditchling Workhouse, vice B. G. Everett, deceased.

SAVAGE, G. H., M.D., has been appointed Medical Officer for District No. 2 of the Alston-with-Garrigill Parish, Cumberland.

SMITH, G., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

STUBBS, H., M.R.C.S.E., has been appointed Medical Officer for the Halford District of the Shipton-on-Stour Union, Warwickshire, vice W. R. Hornblow, M.D., resigned.

TAUMAN, S. J., L.R.C.P.L., has been appointed House-Surgeon and Apothecary to the Lincoln General Dispensary, vice G. Hett, M.B., resigned.

TULLOCH, D., M.B., has been appointed House-Surgeon and Apothecary to the Northern Infirmary, Inverness, vice C. Adam, M.B., C.M., resigned.

WALKER, R. P., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

WINN, J. M., M.D., M.R.C.P.L., has been appointed Physician to the St. George and St. James Dispensary, vice R. E. Thompson, M.D., resigned.

WYETH, Mr. J., has been appointed Resident Secretary to the Camberwell Provident Dispensary.

YULE, A., M.D., has been appointed Medical Officer for the Fernhurst District of the Midhurst Union, vice T. Hammond, L.R.C.P.Ed.

Births, Marriages, and Deaths.

BIRTHS.

DALY.—On the 2nd inst., at Queen's-road, Dalston, the wife of Frederick H. Daly, M.D., of a daughter.

ELLIOTT.—On the 21st ult., the wife of Geo. H. Elliott, M.R.C.S.E., of North-street, Chichester, of a son.

FULCHER.—On the 16th ult., at Burbage, Wilts, the wife of Geo. F. Fulcher, M.B., of a daughter.

LEACH.—On the 1st inst., at Sturminster Newton, Dorset, the wife of J. Comyns Leach, B.Sc., M.R.C.S.E., of a son.

MADGE.—On the 25th ult., at Fitzroy-square, the wife of Henry M. Madge, M.D., of a son.

ROBBS.—On the 1st inst., at Grantham, the wife of C. H. D. Robbs, M.D., of a daughter.

SHEEN.—On the 30th ult., at Crockherbtown, Cardiff, the wife of Alfred Sheen, M.D., of a son.

STEWART.—On the 29th ult., at Newport, Fife, the wife of Dr. Stewart, of a son.

MARRIAGES.

ROBERTSON—GRANT.—On the 29th ult., at St. Gabriel's, Pimlico, Dalrymple Kinloch Robertson, L.R.C.P.L., &c., eldest son of J. Scott Robertson, Esq., to Anna Catharine, youngest daughter of the late Patrick Grant, Esq., Madras Civil Service.

STOCKWELL—MOGG.—On the 27th ult., at Glastonbury, Frederick Stockwell, M.D., of Bratton House, Alexander-road, to Sarah Hodges, daughter of J. R. Mogg, Esq.

DEATHS.

CARNES.—On the 23rd ult., John Carnes, M.R.C.S.E., of Coxhoe, Ferryhill, Durham, aged 52.

HARDING.—On the 28th ult., Joseph Jas. Harding, M.R.C.S.E., of Princess-terrace, Regent's-park, aged 41.

MAYSMOR.—On the 2nd inst., Humphrey L. Maysmor, M.D., of Cliftonville, Brighton, aged 36.

MUNDAY.—On the 27th ult., Charles Munday, L.R.C.P.Ed., of King-street, Snow-hill, aged 57.

PERKINS.—On the 1st inst., Dr. John Perkins, of Brussels (a resident there for fifty years), aged 74.

SPENCER.—On the 4th inst., John Spencer, M.D., of Regent's-park-terrace, aged 48.

WOOLLAM.—On the 28th ult., Geo. Woollam, M.D., of Ashton-under-Lyne, aged 64.

Medical Diary of the Week.

Monday, May 10.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Stellar Astronomy."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. H. Weber, "On the Treatment of Phthisis by Prolonged Residence in Elevated Regions."

Wednesday, May 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Council Meeting.

Thursday, May 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, May 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—6 P.M. Mr. Perkin, "On the Newest Artificial Colouring Matters."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Morell Mackenzie, "On a Case of Displacement of the Trachea by External Pressure." — Dr. Beigel, "On Cases of Chronic Bronchitis treated by Chloride of Ammonium."—Dr. Gee, "On the Action of a New Organic Base, 'Apomorphia.'"—Mr. Ernest Hart, "On Pyæmia from Otitis."—Dr. Anstie, "On a Case of Epilepsy in which the Paroxysms are arrested by Quinine."

Saturday, May 15.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Seeley, "On Roman History."

Notes, Short Comments, and Answers to Correspondents.

PRESERVATION OF INFANT LIFE.

A BILL which is, no doubt, intended to put an end to so much of the business of "baby-farmers" as depends upon the secrecy that enables a speedy and effectual repression of population to be carried on by them without much chance of detection, has been laid on the table of the House of Lords by the Marquis Townshend. It proposes to enact that no person shall be permitted to take charge of any infant under the age of five years for the purposes of nursing and maintenance without having previously obtained, from a magistrate of the district in which the person so desiring to undertake the charge shall reside, a licence in writing to that effect. The licence when granted is to be deposited with the clerk to the guardians; and the relieving officer of the district is to visit once in every three months, or oftener if necessary, all infants so placed out to nurse; he is further to report after his visit the name, birth-place, parentage, age, and health of each infant, together with the amount paid for its maintenance and care. Notice of removal of an infant from one district to another is to be given, and a penalty of £5 is attached to any breach of the law. The second reading of the Bill is set down for the 29th of June; but seeing the work that is cut out for the Peers after Whitsuntide, we are not sanguine that any legislation upon this matter is likely to take place this session. We shall, therefore, suspend any critical remarks upon Lord Townshend's Bill until we see what probabilities there are of its being read a second time.

V. O. V.—We are unable to give an opinion this week on the particular question; but will do so in our next issue.

Mr. Williams should consult a practitioner in his neighbourhood.

WEIGHT OF BRAIN IN DIFFERENT RACES OF MEN.

WE have recently perused an elaborate paper by Dr. J. B. Davis on the "Weight of the Brain in different Races of Men," which was read before the Royal Society. The method pursued by Dr. Davis in his researches has been to gauge the different capacities by filling each skull, as uniformly as possible with clean and dry Calais sand of a definite specific weight (1425), and then to pour it out and weigh it. In order to make allowance for the other contents of the cranium besides the encephalon, he has given a per-centage deduction of 15 per cent., which appears to bring his results very closely in accord with those obtained by different observers by other methods. The weight of the sand, after this deduction, has then to be converted into its equivalent of cerebral matter of the specific gravity of 1040. The total number of human skulls of different races examined in this way has been 762, and the following are among the results at which Dr. Davis has arrived:—The average brain-weight of 21 Englishmen is 50·28 oz., or 1425 grms.; that of 13 Englishwomen, 43·13 oz., or 1222 grms.; that of the entire series is 47·50 oz., or 1346 grms. According to Dr. Thurnam's analysis of Dr. Peacock's tables, the Scotch appear to have an advantage over the English in cranial capacity. Of 16 examples of French skulls, 9 of men and 7 of women, the mean of the series was 45·17 oz., or 1280 grms.—decidedly below the English. The skulls of Italians, Laplanders, and Swedes examined gave a general mean closely agreeing with that of the English. The Germans, owing to the great predominance of male skulls—six-sevenths of those examined,—gave a high average, 50·28 oz., or 1425 grms. The mean of the series of the German skulls exceeds the English mean. It appears from Dr. Davis's tables that the Gipsies stand lowest in the series of European peoples in brain-weight, so far supporting their supposed Indian origin. Hindoos: The mean of the series of 35 male and 31 female skulls was 42·11 oz., or 1193 grms., which is exactly the same as that of the Afghans. The extraordinary difference in the weight of the brains in the races of India from those of Europe seems to be deserving of the serious consideration of the advocates of the Indo-Germanic or Aryan hypothesis. The general average of 210 skulls of Asiatic races as compared with that of European races shows a difference of 76 grms. in favour of the latter. The general mean of African races as deduced from 113 skulls is 3·23 oz., or 91 grms., less than the European general mean. The investigation of 35 skulls of Australian races (24 men and 11 women) gives a general mean brain-weight of 41·81 oz., or 1185 grms. In this they stand apart from the people of all the other great divisions of the globe by possessing the smallest brain. They have a brain-weight which is one-ninth less than that of Europeans. The accuracy of the proposed tare employed by Dr. Davis in his calculations has revived an important illustration in some recent labours of an eminent Austrian anatomist, Dr. A. Weisbach, of Vienna.

W. W. P.—The Act says that no person shall be appointed a public vaccinator who shall not possess the qualification heretofore prescribed by the Lords of Her Majesty's Council, &c. We presume that our correspondent, having filled the office of public vaccinator, possesses the necessary qualification.

Sir Dominic Corrigan.—The paper shall appear next week.

THE AURAL CASE.

To the Editor of THE LANCET.

SIR,—There is probably thickening of the mucous membrane of the Eustachian tubes, causing obstruction. The occasional relief is caused by the obstruction being temporarily overcome. There is also perforation of the membranæ tympanorum. For the former, a powder, composed of carbonate of soda and white sugar in equal parts, should be blown into the Eustachian tube, *per naso*, by means of a quill; or a solution may be made of the powder, twenty grains to the ounce of tepid water, and injected by means of a syringe, in either case two or three times a day. The Politzer inflation should also be used several times a day. For the latter I have often found the following lotion, applied night and morning, effective: Rose water, two ounces; glycerine, one drachm and a half; biborate of soda, twelve grains. If this treatment be adopted, I should be much obliged if the gentleman would publish the result.—Yours obediently,

FRED. IRVING DE LISLE,
May, 1869. Aural Surgeon's Dresser, Guy's Hospital.

MR. COLLIS'S SUCCESSOR.

Dr. Morgan writes to us, denying that he was ever an actual candidate for the vacancy in the surgeoncy of the Meath Hospital. We still think that the selection made requires some explanation, as Fellows of the Irish College and surgeons of acknowledged standing were passed over in favour of a comparatively young licentiate.

Fair Play is unnecessarily affected by the opinions expressed to him with reference to the degree of M.D.; for we are quite sure they are those of an ignoramus only, and indeed are beneath notice. We may on a future occasion recur to the general question raised by our correspondent.

Dr. Kelly.—We believe that Dr. H. Blanc, 9, Bedford-street, Bedford-square, W., would be able to supply our correspondent with the information he needs.

SICK-CLUB FEES.

Mr. C. W. Dempsey (Oldbury) says that ex-medical officers of Sick Clubs are now seeking to get back Clubs on old terms; and that if he was to blame for taking them on these terms, they cannot be free from blame. The cases are not similar. He took them when they were making a stand for an advance of remuneration, and by so doing he caused them to fall. Mr. Dempsey's defence of himself is more ingenious than convincing.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I have now seen the questions and answers referred to by Dr. Wilson.

On the Thursday morning, on reaching White's house, I found his son suffering from a severe compound dislocation of the astragalus and os calcis, with extensive laceration of the integument. There was no hæmorrhage, nor had there been any. With some difficulty I reduced the dislocation, brought the skin together with needles, enveloped the limb in loose cotton wadding for warmth, placed it between splints, and ordered carbolic-acid lotion to be constantly applied. I stated that the case was a bad one, and that amputation might possibly be necessary, and offered to send for Dr. Morison (a gentleman for whom I have the highest respect). This was declined, as they were satisfied with what I had done. On visiting the patient at half-past one, I found him doing well: but his father said that the neighbours, alarmed at the hint of amputation, had induced him to send for a bone-setter, one Curry, a bricklayer. He hoped I would not be offended, and asked me to stop and speak to him. Of course I declined, and forbade him to allow anyone to touch the limb. He then entreated me to take off the splints for Curry to see the leg, which I positively refused to do. He caught my coat to induce me to stop; but I gave up the case, and left the house. Some hours after, White came to my surgery, and made the following statement to my housekeeper, who has attested it before a magistrate. In this and the following case I forward you the original documents:—

"I, Barbara Smiles, of Castle Eden Colliery, in the parish of Monk Hesledon, in the county of Durham, do solemnly and sincerely declare that on the Thursday afternoon Anty White came to the surgery, and asked to see Dr. Reilly. The doctor was out. He said he hoped the doctor would not be offended about the bone-setter. He was quite satisfied with all he had done; but the neighbours persuaded him to send for Curry, who was an old acquaintance. He said he wished Dr. Reilly would stop on, but he would not. He said Dr. Wilson and Curry had loosed the foot out, and took the splints off, and poured oils upon it, and put it on an iron thing with bars across, which Dr. Wilson brought. They did not undo the stitches. He was quite satisfied with all Dr. Reilly had done, and he told me to be particular and say he hoped he was not offended. And I make this solemn declaration, &c.

"BARBARA × SMILES.

"Solemnly declared and subscribed at Hardwick Hall, in the county of Durham, this 4th day of May, in the year of our Lord, 1869, before me, one of her Majesty's justices in and for the said county of Durham.

"J. C. H. JOHNSTONE."

On my return at night I went to White's, and made strict inquiry of Mrs. White. Her answers in every respect corroborated her husband's statement. I then wrote to Dr. Wilson, and received his answer. On Saturday morning I addressed the same inquiries to Mrs. Swindler, and I unhesitatingly say she made the same replies the Whites had done. On Friday night Mr. Edward Magee, a well-known and most respectable inhabitant of Castle Eden, called at White's, and Mrs. White again made this statement to him, which he also has attested before Capt. Johnstone, J.P.:—

"I, Edward Magee, of the parish of Castle Eden, in the county of Durham, do solemnly and sincerely declare that on Friday evening, April 23rd, I and my son Edward called at White's house in the way of our business as drapers. I saw Mrs. White. She told me her boy had happened with a bad accident. She said the foot was terribly smashed up, the heel being down in the sole of the foot; that Doctor Reilly was called in, and that he set the foot; that she said that a bone-setter named Curry was afterwards brought by the father to satisfy himself that the foot was well set; that Dr. Reilly was asked to meet that bone-setter, and refused; that they were anxious he should stop, and even caught him by the coat to make him stop, but he still refused. She said they then sent for Dr. Wilson, who came, and that he and the bone-setter opened the splints out; that they said no man in the world could have done it better than Dr. Reilly had done. And I make this solemn declaration.

"EDWARD MAGEE.

"Solemnly declared, &c., before me, &c.,

"J. C. H. JOHNSTONE."

Does not this justify me in the line of conduct I have adopted? Is it not plain that I, against my own interests, abandoned the case in consequence of the advent of Curry, when, by pandering to the prejudices of the parents, I might have retained it to the end? I am sorry that in my second letter I should have accidentally written the name "Patterson" instead of "Watson." Mr. Watson keeps an inn in Castle Eden Colliery, and in that inn he has stated that the practitioner, the bone-setter, and the anxious parent subsequently met.

With regard to the question of hæmorrhage, I distinctly assert that there was none. The wound was a lacerated one, and did not bleed. I had filled it to its fullest extent with carbolic-acid lotion, and kept the same constantly applied to the limb. The thin sanious discharge which oozes from every compound fracture reddened this as a teaspoonful of blood will tinge a basinful of water; the loose cotton sucked it up, and produced an appearance which a very stupid old woman might, doubtless, fancy due to hæmorrhage, but which no professional man could mistake. When I visited the boy just before the bone-setter appeared, his pulse was full. I examined the whole length of the wound, and saw that there was no hæmorrhage whatever.

For the contradictory statements now made I care little. It is well known that any medical man who declines to tolerate a bone-setter or meet a homœopath is always the worst in the world with those who requested him to do so; while the easy-going practitioner who would see "no great harm after all" in meeting Professor Holloway, is considered to have no humbug about him, and to be above such narrow-minded professional prejudices. Mr. Magee's evidence fully bears me out, and shows plainly that the parents did not "refuse to allow Mr. Reilly to continue his attendance;" that they were, on the contrary, anxious he should do so, only he would not. Finally, will Dr. Wilson deny that he and the bone-setter were in the room together with the patient? As yet, it may be observed, it is only denied he accompanied Curry to the house. Will he deny that subsequently he was in Mr. Watson's inn in his company? Lastly, I having thrown up the case in consequence of the interference of a bone-setter, does he think it professional to take up that case in a few minutes, and before the bone-setter is out of the house? Does anybody?

I am, Sir, yours faithfully,
Castle Eden, May 4th, 1869. MAXWELL REILLY, M.R.C.S., L.R.C.P.E.

THE SANITARY STATE OF BATH.

BATH is a handsome and, on the whole, a comparatively healthy city. It has everything it could desire within its grasp to make it such. Its death-rate in the year 1868, as we learn from a valuable Report on the Sanitary Condition of the City, by Dr. Barter, was 21·56 per 1000; that of England, 22·20 per 1000. But Bath might be much healthier than it is. York, Chatham, Dudley, Brighton, Swansea, Cardiff, Devonport, and Cheltenham are towns with about the same population as Bath, yet the last-mentioned city has a higher death-rate than either of the other towns named, and many of which contrast unfavourably as regards natural advantages. There seem to be two particulars by which the difference may be explained in the case of Bath. This city is supplied insufficiently with water, and its drainage is bad. The necessity of a larger and purer water-supply to the whole city of Bath, says Dr. Barter, cannot for a moment be doubted. Water is to be had pure and in abundance at a comparatively short distance; and whilst he speaks of the waste of water in some districts, he quotes sufficient facts to substantiate his opinion. Especially does he refer to a place called Lansdown Hill, where two large colleges and villas have been erected hard by a cemetery, where a great number of interments have taken place; and the site of this cemetery is described as a particularly unfortunate one, bearing in mind the character of the soil, the percolation of water, and the number of springs arising from the Hill. The river Avon is apparently sadly polluted just before it reaches Bath, receiving a small stream from Trowbridge, greatly fouled with sewage and refuse, whilst into it runs another river which receives the drainage of Frome; in fact, into the Avon before it gets to Bath no less than seven towns drain. Then all the Bath sewers open directly or indirectly into the river, which is turned into a common sewer; and it is said that there is in one part a bed of sewage of many years' accumulation at the bottom of the river. What improvements have been made are hardly deserving the name, and Dr. Barter will be satisfied with nothing else, and rightly so, than keeping the river-water from sewage contamination. As might be expected, Bath is not free from zymotic disease. The inhabitants have Dr. Barter's valuable Report before them, and it is to be hoped that they will be stimulated to put a stop to the pollution of the fine old river which runs through their city, and that they will secure the better water-supply which is within their reach, and so reduce still more decidedly their yearly mortality.

L. M. T.—The licentiates of the two Colleges are on a par with regard to professional standing, but have no *right* to the title of "Dr." It is given them by courtesy.

A NINETEENTH CENTURY MIRACLE.

To the Editor of THE LANCET.

SIR,—A leader in the *Daily Telegraph* on the case of the fasting girl of Carmarthen concludes with a desire that the medical profession should let the public know what they are to think about this "*strange story*." History does, indeed, repeat itself in a most ludicrous manner, even to such minutiæ as are exhibited by the case under notice. We are told that the Carmarthen girl has had "the functions of digestion almost entirely interrupted from the end of 1867" until the present time; "yet the girl is not only alive, but actively so. Her hair has grown long during the interval, and her second dentition has been accomplished within the same period." Her body has also grown considerably, and the temperature is maintained at a normal amount. We are asked to believe that active cell-growth, repair and development of tissues, respiration, &c., can go on for a period of sixteen months without the introduction of solid food or even water during the whole of that period. We are told that the parents are "well-to-do, respectable people," distressed by the strange phenomenon in their household. This may be; but it requires no great depth of learning in physiology or chemistry to make one quite sure of the adage "Ex nihilo nihil fit."

I have said that history again repeats itself. Do any of your readers recollect the famous case of the fasting girl of Tutbury, which stirred the whole country some fifty or sixty years ago? The details were perfectly parallel to those of the Carmarthen case. A committee of investigation was appointed, and after watching night and day for a period, the girl's strength of endurance gave way, and she confessed the whole imposture. The mode in which sustenance had been conveyed to her was by saturating her handkerchief and the sleeves of her night-dress with starch. This she sucked out as opportunity offered, and thus a considerable quantity of food was given, as, indeed, was fully proved by the bundle of dirty linen, containing the excreta, which was found in the bed. Not that it would be difficult for a person to retain these during a long period. I had lately a patient who never had any action of the bowels under a month, and sometimes five weeks; and one who lives on such small quantities of food might well prolong this period. If Dr. Lewis succeeds in obtaining a committee of investigation, let me suggest, in the first instance, the exhibition of an enema, by which probably he will be saved a great deal of trouble, bearing in mind that "*ex nihilo*," &c. In the second place, let him have an eye to the *starch*.

I am, Sir, yours truly,

King's Lynn, April 24th, 1869. L.

P.S.—I need scarcely point out to the correspondent of the *Daily Telegraph* that the sleep of hybernating animals requires a large amount of *stored-up* sustenance, and that this supply is soon exhausted.

*** We always held one and the same opinion, notwithstanding the remarks made in some of the daily journals and those in a medical contemporary as to the effect of "accumulated evidence." The *Welshman* for April 30th, containing an account of the inquiry at the Petty Sessions at Llandyssil, has reached us just as we are going to press. The charge of assault against Dr. Hughes completely broke down. So far from having been rough in his manner or conduct, Dr. Hughes's manner was described as gentle; and Mr. Fitzwilliams said the Bench were unanimously of opinion that Dr. Hughes only did what any medical man would have done in endeavouring to find out the truth about this girl, and that all he did was with the consent of the mother.

OUT-DOOR RELIEF IN CARDIFF.

AN alleged case of neglect on the part of the relieving officer of the Cardiff Union has been brought before the guardians by the district medical officer, Dr. A. Sheen. A man had severely sprained his foot, and was ordered rest. He sent for a medical order, and for one to go before the Board. The former was granted; but the latter was refused, and he was neither visited nor relieved for more than a week. It was admitted by the Chairman that the charge was a grave one, and it is certain that no satisfactory explanation was given; and yet it was resolved, by the casting vote of the Chairman, that no inquiry should be held. Dr. Sheen stated that similar cases came continually under his notice. Dr. Paine, one of the guardians, has forwarded a copy of the proceedings and facts to the Poor-law Board; but as there is really no inspection of out-door relief, it is hardly anticipated that any further inquiry will be made. We believe cases of similar neglect are within the experience of most Poor-law medical officers; but it is too much to expect them to court the displeasure of officials, who have it in their power to inflict upon them an indefinite amount of unnecessary trouble and annoyance.

A Sufferer from Cataract had better consult some ophthalmic surgeon. We have no belief in any nostrum for the dissipation of cataract.

Mr. Postgate, (Birmingham.)—Thanks. The subject shall not be lost sight of.

THE CLIMATE OF CANNES.

To the Editor of THE LANCET.

SIR,—Having passed two winters at Cannes, and being intimate with many individuals who have lived here more or less continuously during the season for various periods ranging from three to thirty years, I trust you will allow me, as a subscriber to your valuable journal, to make a few general observations in reply to Mr. Wyatt's very unfavourable notice of this justly popular resort in your impression of April 17th.

Your correspondent has chanced to fall on an exceptionally unfavourable season, as is proved by the fact that, according to the books of the various perfumeries, the orange blossom is a month later than on an average of years; still I venture to maintain that the worst winter and spring here, taken as a whole, is better than the best in England.

A strong proof of the great and various advantages of Cannes is furnished by the fact that between thirty and forty English families have decided on building or purchasing villas with extensive grounds, to which they invariably resort, besides a large number of foreigners and very many other families, who have not purchased, but have come here consecutively for many years. In fact, I believe there are more English resident proprietors at Cannes than in all the other winter resorts out of England, but in Europe, put together; and in the case of those winter resorts which were once in vogue, and which are now comparatively deserted, to which Mr. Wyatt allludes, I believe that *few*, if any, Englishmen have ever either bought or built villas at any of them.

The list of residents here includes one Earl, two Countesses, one Baron, one Baronet, one Knight, two Queen's Counsels, a French Prince, a French Duchess, an Italian Duke, four Counts, one Marquis, two Barons, one Chevalier, and various distinguished literary or scientific men.

Though this has been also an exceptionally bad season as regards the number of visitors, there are about 670 names on Taylor's list, sometimes representing an individual and sometimes a family; and of these half are English, and the others Americans, French, Italians, Swiss, Dutch, Russians, Poles, Belgians, Germans, Spaniards, Austrians, Prussians, Danes, Swedes, and Norwegians, a large proportion being individuals of high position and wealth. Can it, then, be reasonably supposed that the whole of these persons and their medical advisers have been mistaken in coming to Cannes? and if so, as most of them were living at hotels, and therefore could have moved elsewhere without pecuniary loss, how is it that hardly any left for other climates, and that so many return here year after year, whose continued existence in some cases is a marvel to everyone?

Mr. Wyatt appears not to know that there is at Cannes alone an extraordinary variety of different climates and situations suitable for various classes of invalids, instead of the very limited choice at Hyères, Mentone, and San Remo. There are villas of every size and price, and hotels at every gradation of height along five miles of coast, from the Golfe Jouan to the Bocca, and on a dry and granite subsoil. There is also the district of the Cannel for those who wish a sea view, but to be distant from the sea; and there is Vallergues where you can neither see the Mediterranean nor feel the sea breeze.

No doubt some of those who take cheap and inferior villas, or frequent second and third rate hotels, suffer from illnesses which they erroneously attribute to the climate. In some villas and hotels the drains are not trapped; water is not laid on to the closets or even to the houses, though the limpid water of the Teagne passes our doors; the cesspools are small, and built on to the house, and have to be emptied frequently, causing a disgusting and unhealthy effluvium; the chimneys are ill-constructed, and smoke; the house is badly finished; the cooking by the women of the country is abominable and unwholesome; the windows fit badly, and there is no inner hall-door, thus causing continual draughts in the rooms and passages. All these faults are corrected in a large number of the villas at Cannes, because some of them have been built by Englishmen, and the native proprietors have now learnt by experience what English families require, which at those resorts where there are no English proprietors is impossible; and some of the houses have covered balconies all round, where invalids can walk sheltered from the wind, sun, or rain. Those who give their invalids the benefit of a good villa, replete with English comforts, in a good and cheerful situation, seldom repent of having come to Cannes; and another of its advantages is its great cheerfulness, and the singular beauty and variety of the excursions in the neighbourhood, such as the Cap d'Antibes, Grasse, &c. Instead of being shut up in a huge, half-filled hotel at Hyères, four miles from the sea and six from the railway, where there are not even public carriage-stands, and a funereal dulness reigns, there is at Cannes a constant movement by land and water; there is a Club, where last year there were more than 600 members; a park for drives, pigeon-shooting, and games; a capital band, frequent dinner-parties, balls, concerts, private theatricals, races, regattas, and pic-nics innumerable. Surely it is of importance that invalids and their friends should be amused and occupied, otherwise they get dull and hipped; and no one has felt this more than,

Your obedient servant,

Cannes, April 22nd, 1869. SCOTUS.

THE EVANGELICAL PROTESTANT DEACONESSES' INSTITUTE AND TRAINING HOSPITAL.

THE Evangelical Dissenters have at length fairly taken the field in emulation with the Papists and High Church school. On Saturday last a new Training Hospital was started at Tottenham, under the special patronage of Mr. Samuel Morley, M.P., and the Rev. T. Binney. Dr. Laseron, one of the local medical men, who has already been conspicuous in philanthropic work, felt the want of nurses to attend the sick poor. He started a Cottage Hospital, and from this the new institution appears as a vigorous offshoot. We cannot but congratulate the public upon every new attempt to supply a want which is felt by the profession more acutely than by the public, and only by the latter when sickness is actually present. We are ready to welcome assistance of this kind no matter whence it comes or how it is dressed. But we have no great love for the associating works of this nature with the clergy. The nurse should be the handmaid of the surgeon and physician. She should be the ministering agent of science and humanity, and anything which associates her calling with sectarian views, or the suspicion of proselytising practices, detracts from her usefulness and power. In saying this we have no wish to ignore the religious liberality of any, nor to prevent the wholesome influence of religious zeal.

Mr. Adkins, (Folkestone.)—See page 642.

Dr. Henry J. Branson.—Our correspondent will see the history of the discussion of this subject reported in THE LANCET of 1866 and 1867. The disposition of the Council is to register the holders of certain foreign and colonial degrees, and to publish an annual list of such recognised foreign and colonial bodies; the Council to be the judge of the degrees to be recognised, and to act with the sanction of the Privy Council.

Mr. Holmes Coote's request shall receive attention.

THE EARTH-CLOSET SYSTEM AT WIMBLEDON.

To the Editor of THE LANCET.

SIR,—Messrs. Girdlestone, in their letter in your issue of the 24th ultimo, charge me with making statements respecting the earth-closets in use at Wimbledon Camp, 1868, "*completely* at variance with actual facts." The engineers to Moule's Company then proceed to show, according to their views, what are the "actual facts."

1st. They state that it was utterly impossible for the walls of the cesspits to be saturated with urine, because they had placed "iron shoots" to conduct the urine *from the closets* into the centre of the pits. I say that these iron shoots were fixed at the *bottom* of the pits; and when the bottom of the pits became filled with urine, excreta, and mud, the urine came into contact with the *unprotected walls*, saturating them.

Messrs. Girdlestone's remarks entirely apply to the urine which fell from the closets. No mention whatever is made of the urine which fell into the pits from the urinals; yet one common pit existed for both closets and urinals. (It would be interesting to know what became of the urine after it had reached "almost into the centre of the pit," the long distance of eighteen inches from the seats?)

Now let me direct your attention to what Captain Drake has frankly stated in his letter to you dated the 22nd ult.

1st. He tells us that the difficulties at Wimbledon are "limited space, no drainage, *no money* to lay drainage," or if he had the *money*, "no place to drain into." Setting aside for a moment Moule's closets, I would ask, Is such a state of things to continue in a camp containing over 2000 men? Are these men to be exposed to the evil effects of "no drainage" next year, as they were last year?

2nd. Captain Drake admits that there was a "*little* smell," which was cured by using "carbolic acid." I say that there was a *great* smell.

3rd. The same able officer directs attention to another source of smell; for he states as follows: "I found that the *earth itself* was at fault," "became very disagreeable."

4th. He also informs us that the "self-acting" apparatus in the urinals was *unsatisfactory*, and had to be stopped, and the earth supplied by hand. I say that this supply was irregular, uncertain, and that the earth which was thrown down soon became like mud. Had Captain Drake (or Messrs. Girdlestone) visited the urinals near the London Rifle Brigade, and joining the camp of the 40th Middlesex R.V., he (or they) would have seen in the cesspit what he pleases to call some of "Dr. Reed's mud."

5th. We are told by Captain Drake that some of the latrines had to be emptied during the meeting. I stated that they became filled with urine, excreta, and mud.

6th. He informs us that the earth-boxes "*were empty* far sooner than they would have been had not the self-acting apparatus been an irresistible toy to some people." I stated that the boxes *were empty*, &c., sometimes by 10 o'clock A.M., and were not refilled all day.

I think the above statements and counter-statements prove that I was *not* "*completely*" at variance with "actual facts," as Messrs. Girdlestone would wish you to believe.

There is nothing unusual in Captain Drake's experience as regards the existence of diarrhœa in camps when he states that "I never knew a camp in hot weather without diarrhœa;" but he forgets that the diarrhœa which prevailed in the camp *last year* was far beyond any preceding year, and very far beyond what *usually* exists in camps; and it is a strange coincidence that Moule's earth-closets were used for the *first time last year*.

In conclusion. If this system is to be used by our army in India, &c., the Government ought (before going to the expense of supplying Moule's apparatus to our troops) to place funds at the disposal of Captain Drake, to enable that officer to give the system an efficient and complete trial at Wimbledon in 1869.

Much money is being spent in developing the best gun or rifle to destroy life, &c. Surely there could be no objection to spend money in developing the best sanitary system for saving life and preventing disease or suffering. There is no better field for this purpose than that afforded by Wimbledon-common during the meeting of the National Rifle Association.

I am, Sir, your obedient servant,

Serjeant's-inn, May, 1869. S. CARTWRIGHT REED, M.D.

P.S.—I omitted to state that the closets erected upon Moule's system in 1867 were situated quite away from the main camp, near the iron house, and away from the road. They were visited by very many persons out of pure curiosity, and not because they had any preference to these closets.

DEATH CERTIFICATES.

Mr. D. H. Dyte, M.R.C.S., sends us a copy of the form for certifying causes of death which he has had printed for his own use, and which is founded upon the form suggested by us in THE LANCET of June 27th, 1868. Mr. Dyte has made one or two useful additions, and his form shows with the utmost precision to what extent the certifying practitioner in any case is cognisant of the fact that the death of the person named has actually occurred. We should be very glad to see this improved form of certificate generally adopted by the profession, at any rate by those members of it who have much to do with Friendly or Benefit Societies. Mr. Dyte's form is published by Messrs. Wertheimer and Co., Circus-place, London-wall, and is obtainable in books containing 250 each.

Staffordshire.—We see no grounds upon which a successful prosecution could be based in the present state of the law. The title "accoucheur" does not imply registration. Any old woman may practise the art of accouchement.

Mr. G. Gustavus Santos.—No fee can be claimed by the hospital officer.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Humphry, Cambridge; Dr. Grailly Hewitt; Mr. Chas. Hawkins; Mr. C. De Morgan; Dr. Foster, Birmingham; Dr. M'Gee; Dr. Daly, Dalston; Dr. F. H. Smith, Blackheath; Dr. Taylor; Dr. Stewart; Mr. Coote; Mr. Curtis, Alton; Mr. Moses; Mr. Chapman; Mr. Nettleton, Reading; Mr. Henry, Cardiff; Dr. Campbell; Mr. Reilly, Castle Eden; Mr. Beck; Mr. Currie, Dover; Mr. Robinson; Mr. Leach, Blandford; Messrs Argles and Co., Maidstone; Dr. Felce; Mr. Hawthorn, Dorking; Mr. Symms; Mr. Santos; Mr. Elliott, Chichester; Dr. Kelly, Taunton; Mr. Cornfield; Mr. Protheroe, Ennis; Mr. Ogilvy; Mr. Hyde; Dr. Morris, Barnsley; Mr. Fox; Mr. Hardman, Hastings; Dr. Boustead; Mr. Lloyd, Hammersmith; Dr. Gornall, Preston; Dr. Vinen; Mr. Clarke; Mr. Wardell; Dr. Fiddian, Cardiff; Dr. Holman; Mr. Douglas; Dr. Williams; Mr. J. Davies; Mr. Farley; Mr. Dean, Manchester; Dr. Reed; Mr. Barber; Dr. Madge; Mr. Dray; Mr. Debenham; Dr. Medd; Mr. Nicoll; Mr. Ealin, Welford; Mr. Reid, Dunoon; Dr. Sheen, Cardiff; Mr. Wheeler; Mr. Linford; Mr. Venman; Mr. Sewar; Mr. Carr; Mr. Litchfield, Twickenham; Dr. Cuthbert, Edinburgh; Mr. Rogerson; Dr. Hunt; Mr. Tallack; Mr. Williams, St. Ives; Dr. Fowler; Mr. Baker; Mr. Ratcliff; Mr. Bebe, Dublin; Dr. MacDonald, Ramsgate; Mr. Davy, Portarlington; Messrs. Black, Edinburgh; Mr. Deane, Frome; Dr. Inglis, Edinburgh; Mr. Hancock; Mr. Milton, Salisbury; Mr. Blake, Andover; Dr. Fulcher, Burbage; Mr. Healey, Middlesborough-on-Tees; Mr. Steele; Mr. Egan, Tarporley; Dr. Morrison; Dr. Glaister, Southwell; Mr. Warren, Belfast; Mr. Waterhouse, Pontypridd; Dr. Mackaye; Mr. Feigan, Manchester; Mr. Howard, Cirencester; A Sufferer from Cataract; S. M. T.; Medicus, Oswestry; Vaccine, Oldham; S. T., Ipswich; The Peace Society; A General Practitioner; J. G. S.; R. P., Middlemist; M.R.C.S., Halifax; W.; Clinical Society of London; ——, Liverpool; The Chancellor of the University of London; Anthropological Society; Delta; Staffordshire; V. O. V.; H. J. B.; Justitia; C. J. H.; Studens; Ethnological Society; S. C. T.; X. Y. Z.; &c. &c.

Kidderminster Times, Monthly Microscopical Journal, Brighton Guardian, New Orleans Journal of Medicine, Lincolnshire Chronicle, Bucks Herald, Brighton Times, Midland Counties Herald, New York Medical Gazette, Britannia (No. 5), *Brighton Examiner, Folkestone Chronicle, Porcupine, Brighton Observer, Scarborough Gazette, Welshman, Gateshead Observer, Richmond and Louisville Journal, Brighton Herald, Parochial Critic, Boston Herald* (U.S.), *Reading Mercury, Darlington and Stockton Times, Birkenhead Guardian, Revista Medico-Quirurgica*, and *Brighton Gazette* have been received.

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